

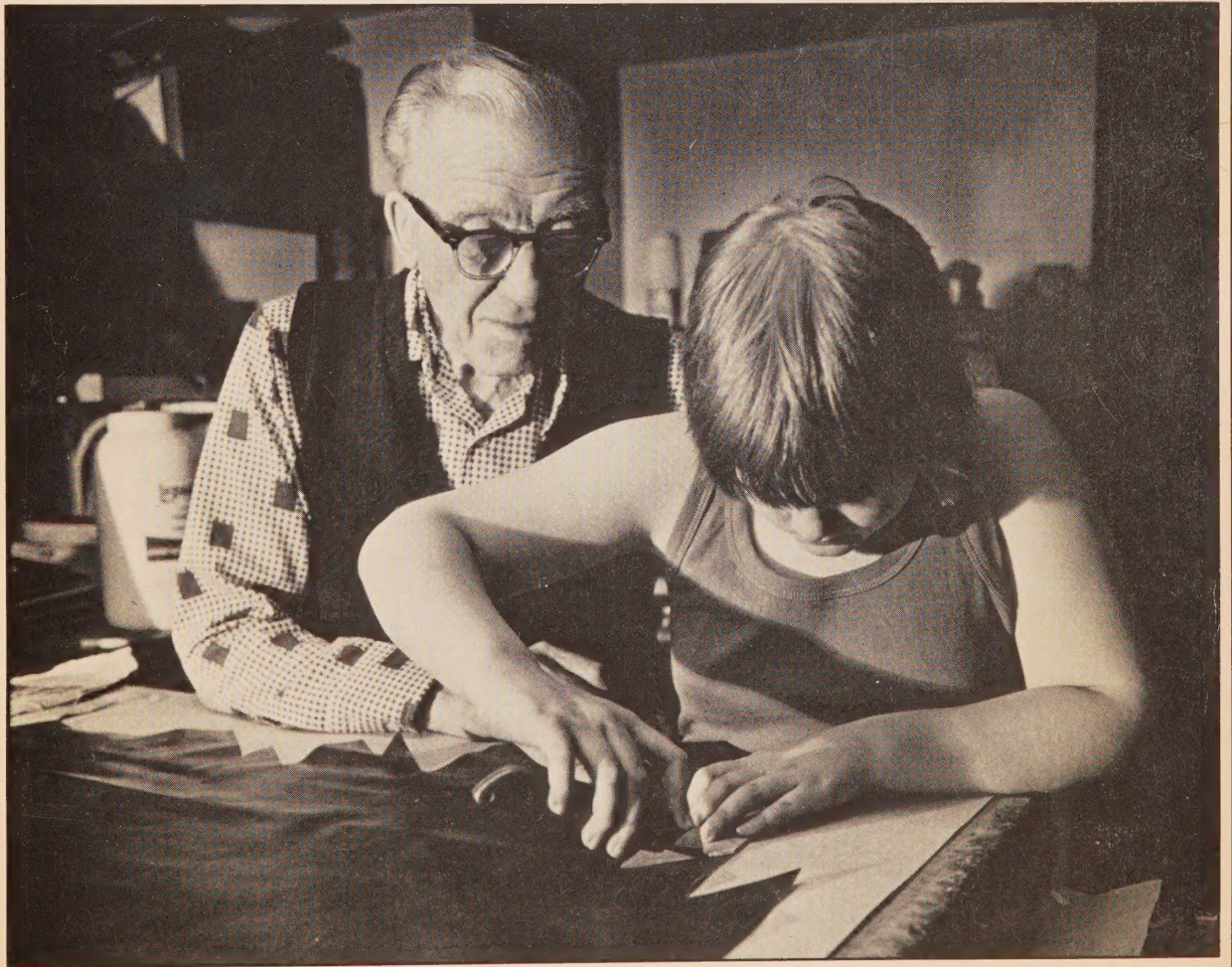
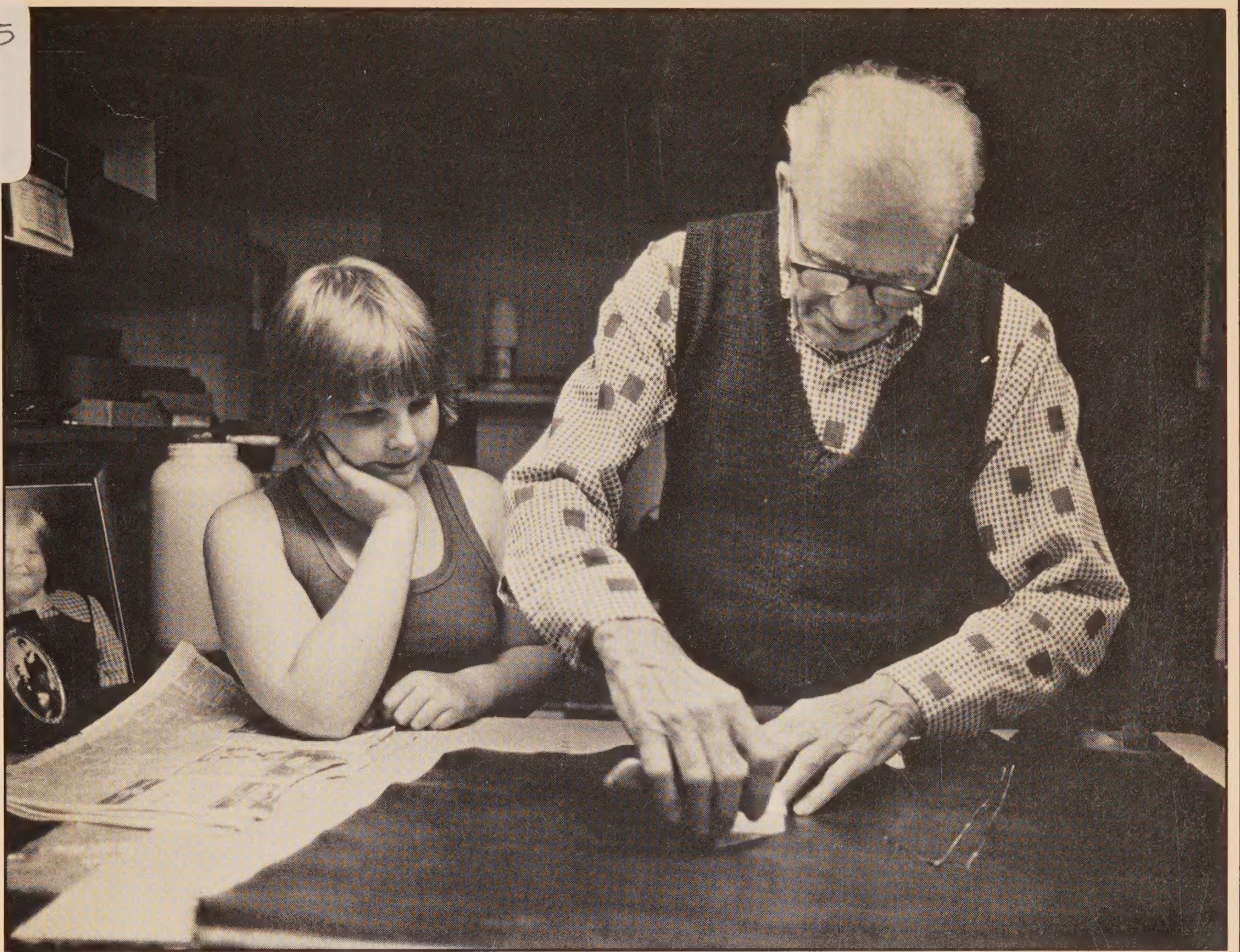


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Annual Report of the Ontario Advisory Council on Senior Citizens 1974/75

CAZON SD 715

-ASG Government
Publications

Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch



Dear Mrs. Birch:

It is with great pleasure that we present to you the first Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending April 30, 1975.

Sincerely,



Hope Holmested

Holmested, Hope, Chairman



David Rudy

Rudy, David, Vice-Chairman

Council Members

Holmested, Hope, Chairman
Rudy, David, Vice-Chairman
Abernethy, Wilson
Bassman, George
Clare, James
Corbett, Mary
Girouard, Rosanette
Griffin, Amy
Knights, Dorothea
MacPherson, Melvin
Mantle, Sister Audrey
Miller, Rosemary
Monson, Rabbi David
Nadon, Dr. Alban (resigned)
Neely, Lois
Olive, Ida
Penfold, Corabel
Rochefort, Adrienne
Sideen, Margaret

Richmond Hill
Cambridge-Preston
Toronto
Toronto
Toronto
Cobourg
Moonbeam
London
Windsor
St. Catharines
Cornwall
Unionville
Toronto
Vanier
Markham
Ottawa
Toronto
North Bay
Thunder Bay



Wilson Abernethy



George Bassman



James Clare



Mary Corbett



Rosanette Girouard



Amy Griffin



Dorothea Knights



Melvin MacPherson



Sister Audrey Mantle



Rosemary Miller



Rabbi David Monson



Lois Neely



Ida Olive



Corabel Penfold



Adrienne Rochefort



Margaret Sideen

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Council Session



Human Resources Committee

The Committee is concerned because the prevailing attitude of society, both old and young, is that upon retirement older people have no further responsibility to the society in which they live, have no further value as people, are entitled to certain rights and privileges, and their one goal should be to enjoy rest from work and to search diligently after happiness.

Not so, our committee says. We firmly believe everyone has a responsibility as a citizen to contribute, within the individual's capacity, something for the benefit of society as a whole over and above personal needs and satisfactions, and that such a contribution is necessary for that personal sense of worth, human dignity and true happiness. The Committee further believes that there is a great reservoir of knowledge and experience in the older segment of our population not now being fully used, and the responsibility for this waste is first due to lack of opportunity and demand by the younger people, and secondly to the older people not aggressively offering their services.

The Committee attempted and will continue to persuade people that with our rights as citizens there are also responsibilities, and that older people should accept these responsibilities and use their knowledge, experience and wisdom accumulated for the betterment of our society. To make possible this contribution, opportunities will have to be made and this will require a greater understanding and considerable effort by people of all ages.

Having established the problem as a mistaken concept of the position which older people now occupy in our society, we stated some of the reasons why this position should be changed and set some definite goals. The following are some of the steps taken to reach these goals, the reasons for proceeding in this manner and progress to date.

In my case with twelve years in retirement and, as President of Associated Senior Executives during those years, I have proven that the knowledge and experience of older people is welcomed by younger people and can be used to benefit both clients and consultants. This background allows me to see more clearly the opportunity and needs for older people, after retirement, to continue to be interested and involved in purposeful living. Because of the only recently recognized need for the

conservation of our Natural Resources, it becomes increasingly apparent that we should use all our Human Resources more efficiently. To reach our objective I have spoken to many individuals and groups, such as the Seminar on Retirement Planning at the Third Annual Conference of the Association of Personnel held in Toronto; Seminar on Department of Public Works, Ontario Region; Retirement group at the North York Library, Yorkdale Branch; Rotary Luncheon; Church Men's Club; the Press; Kiwanis Club representatives in Cobourg and the Mayor of Cobourg; in Windsor at the Chamber of Commerce Luncheon; visited Senior Citizens Centre; addressed the Senior Citizens Planning Committee; Acting Mayor of Windsor, met with staff and individuals. I discussed problems with my Ward (North York) School Trustee and Alderman. I served on panels – North York Inter-City Council, V.I.P., and participated on CBC-TV and CFGM Radio.

I acted as Advisor in the setting up of the Human Factors Committee, Toronto District Rotary. I am also instrumental in having the Alumni Association of University of Toronto decide to hold a Seminar in the fall of 1975 to stimulate retired Alumni to become involved in serving the needs of their community.

In addition to the above, I emphasized in all my contacts with individuals and in the small groups to which I belong the very considerable responsibility everyone has to see that our total Human Resources are fully employed.

The Human Resources Committee has not made any recommendations regarding legislative changes. It is not believed public opinion can be changed by passing laws. It is felt, however, that in the near future it will be timely to recommend changes in the legislation pertaining to hours of work, pension requirements, income, etc. in order that senior people can more equitably continue useful activities. In the immediate future I look forward to the continued co-operation of all members of the Council in re-establishing the older people of our country as useful, effective and responsible members of society.

Wilson Abernethy
Convenor.

Income Maintenance Committee

To be old in the early 1900's meant that you had reached the epitome of life. You had earned respect, affection and were proud and welcome to share in the culture and activities in your community with children and/or neighbors. Many sought your advice, others were interested in your past experiences, your stories, your accomplishments and your failures. You had prestige. In a word – you were loved and respected; you had dignity and belonged. This is not the life of today's pensioners. Our image has changed. Many elderly today are cast aside, forgotten like a worn-out shoe, feel lost, lonely, degraded and afraid to spend those dollars saved for burial or that rainy day; afraid of the fast changing world, inflation, vanishing purchasing power, complex forms, means tests, needs tests, inadequate health services, waiting periods to obtain accommodation; afraid of being uprooted and institutionalized. Many of these fears might be eliminated if seniors had adequate income with the same purchasing power they had the day they retired.

The Committee set up its overall goals:

Interdependence - Independence - Equity - Responsibility

To achieve these, the following questions arose and areas of concern were identified:

- 1 To establish what minimum cash income is required for a pensioner to live on – single, married both 65 – married one under 65 – residing in cities, towns, suburbs, rural areas in Ontario.
- 2 To avail seniors of their rightful benefits – how and where to apply.
- 3 To have taxes levied on a more equitable basis.
- 4 To expand the Ontario Drug Plan to include glasses, hearing aids, dentures, etc.
- 5 Investigate private pensions and government pensions.
- 6 Look into Canada Pension Plan discrimination.
- 7 Have Old Age Security and Guaranteed Income Supplement geared to the average wage increase.
- 8 Eliminate the Land Speculation and Land Transfer Act on a senior's property.
- 9 Check into Power of Attorney and problems arising.

- 10 Recommend accessibility to Polling Booths for the infirm and disabled.
- 11 Suggest part-time work for seniors.
- 12 Encourage self-help programme.
- 13 Study forced early retirement.
- 14 Study vesting periods of pensions.
- 15 Investigate unmet needs of the blind, disabled, and age 65 plus.
- 16 Study reassessment of property.
- 17 Research the implicit taxation (loss of benefits) on Guaranteed Income Supplement and GAINS; 50% loss on each if one takes a part-time paying job.
- 18 Have Government information in more understandable language and larger print.
- 19 Guarantee promised pension funds.
- 20 Streamline the delivery of benefits to senior citizens, as automatically as possible.

To meet the needs of the elderly we LISTEN to everyone, particularly the elderly themselves in geographical locations of various sizes to find out their personal problems in their own area. We had community meetings in Cobourg and Windsor; we attended conferences in Brantford, Hamilton and Toronto as well as in Winnipeg and Calgary. We have supplied resource persons for several panels, explained the function of our Council as guest speakers at various clubs and meetings. We promoted the self-help programs of the Council on the Betty Kennedy, CFRB radio show, as well as on two television programs and newspaper interviews and articles.

RECOMMENDATION

Free Drug Benefit Program Under Guaranteed Annual Income Supplement

On July 17, 1974, the Council sent a resolution to The Honourable Margaret Birch regarding the Free Drug Programme under GAINS asking that the programme be:

- 1 Extended to all pensioners age 65 and over, with an annual income of up to \$5,000 if single and \$10,000 in cases of a couple, and that
- 2 OHIP coverage be expanded to include dentures, glasses, ambulance service, hearing aids, vaccines, sera, standard appliances prescribed by a doctor, oxygen and physio-therapy.

It seemed like a long wait but when the Ontario Budget was brought down April 7, 1975, the first part of the Free Drugs Program became available to all seniors regardless of income. We in the Income Maintenance Committee are grateful for this, indeed, but will continue to stress the need for Part 2, as we feel these items pertaining to good health belong under OHIP, especially for senior citizens.

RECOMMENDATION

OHIP Coverage for Seniors

Ontario seniors are grateful to now have free OHIP coverage. However, when either partner in a marriage reaches 65 both are eligible even if one of the partners is only sweet sixteen, but you have to apply for the coverage. To help make lives of Seniors less complicated the Council has recommended **THAT THIS BE DONE AUTOMATICALLY.**

RECOMMENDATION

Information to Seniors

Did you know that when the new Ontario Free Drug Program was first put into effect in the fall of 1974 there were so many enquiries from confused seniors that the Ministry's telephone lines were jammed for a week? Extra staff had to be assigned to deal with calls. To cut down on this unnecessary expense and to make life less frustrating to older people, the Council urged all Ontario Government Ministries **that written information be more explicitly dated and tell the complete story**, in simple straight forward language, with larger print. Government Services and several other Ontario Government Ministries responded promptly when the Council pointed out the fact that many Government brochures were remiss in dating and numbering their pamphlets. We found many Senior Citizens groups, and individuals working with older people, were confused by having two brochures on the same subject and only one up to date.

RECOMMENDATION

Guaranteed Income Supplement and/or GAINS Escalation

How would you like your Old Age Pension, the Guaranteed Income Supplement and/or Guaranteed Annual Income System (GAINS) escalation payments to be **kept in line with average wage increase** rather than the **cost of living index**? Cheer up! It just might happen one day. Some unions are doing it, and many others, too!!

A recommendation has gone forward to the Ontario Provincial Treasurer from the Council on this for seniors on fixed incomes. The issue is not closed yet.

RECOMMENDATION

Single Identification Card

Hundreds of our seniors' wallets are bulging these days. No, not with money, but with identification cards – a \$3 card for air travel, another card for local transportation, another for rail fare, buses, theatre, etc., etc. Two days after the Council submitted to The Honourable Margaret Birch a recommendation to have one identification card to serve seniors in Ontario for all these benefits, The Honourable Marc Lalonde, Federal Minister of Health and Welfare, beat us to the gun. The Federal Government is going to distribute to all people in Canada age 65 and over just such a card. It must have been mental telepathy!

RECOMMENDATION

Automatic Payments

One big worry the Council has is the number of seniors who qualify but who are not receiving all their rightful benefits, for example the Guaranteed Income Supplement. Some do not receive it because they either do not apply, do not know about it, or do not understand it as their right. At present a senior must apply each and every year. Since the Government of Canada has on file already enough facts to identify those entitled to a supplement, the **Council has requested the Ontario Government recommend to have it paid automatically.**

RECOMMENDATION

Guaranteed Pensions

Remember that old saying – “My word is my bond”? Mom and Dad frequently used it. Would that it were true today, but it is not always so when it comes to employment pensions.

- 1 Some employers promise pensions not yet funded.
- 2 Some are very vulnerable to bankruptcy.
- 3 Some plants closing down as Corporations phase out older plants.

Therefore the Council recommended that legislation be passed so that the promised pension funds be required to be guaranteed in some way. The Honourable Margaret Birch has referred this to The Honourable John MacBeth, Minister of Labour, and The Honourable Sydney Handleman, Minister of Consumer and Commercial Relations, to investigate.

RECOMMENDATION

Allowance for Blind Seniors

The Federal Government has long recognized the special needs of Blind Veterans and has awarded a Special Attendance Allowance which is a lifetime tax free benefit on top of Old Age Security and other pensions, yet no recognition of the severely handicapped needs incurred by non-military blindness is made. The blind in Ontario at age 65 even though recipients of the special blind allowance BEFORE the age 65 have no additional award for this confining disability. Blind persons in Ontario receive \$30 Travel Allowance only until they reach the age of 65 when it is cut off. Since more people become blind after the age of 65, the Council recommended through the Honourable Margaret Birch that blind persons –

- a) receive the Attendance Allowance whether he/she is a veteran or not; and
- b) travel allowance of \$30 per month be continued after age 65.

Hopefully, action will be taken on this in the very near future.

RECOMMENDATION

Land Speculation Tax

It was not the intention when the Land Speculation Tax was legislated in 1974 to deprive seniors of a minimal income. However, where a senior citizen living in a single family house in which he/she has had to rent out space, may be charged this tax when the home is sold or the owner dies. The Council knows that many seniors have had to share their home and privacy with strangers in order to assist them to remain in their own environment. This tax is causing fear and worry to seniors. Therefore the Council has put forth an urgent request that the regulations of this Act be amended **so that no Senior Citizen living in a single Family Home ever be subjected to this tax.**

RECOMMENDATION

Canada Pension Plan

The Federal Government has recently improved the Canada Pension Plan but one fact still remains that should be dealt with. At age 70 when you no longer have to pay into the fund and are entitled to your pension – you have to apply for it. This should not be necessary as pertinent information is already on record. Therefore we believe **your Canada Pension Plan should be paid to you automatically.** As it stands now, many seniors are forfeiting benefits they are entitled to because they fail to apply.

RECOMMENDATION

Basic Living Costs

For some time now solid and reasonable figures have been discussed in many circles to obtain basic living costs for seniors. The Honourable Marc Lalonde has requested that each province research this problem. Since time is running out for many of our 65's the Council has requested The Honourable Margaret Birch to obtain this information.

OTHER CONCERNS

Communications

Communications is an area of concern to our entire community. It seems that paradoxically the more information is provided the less people know where to turn and what to do.

The Income Maintenance Committee is especially concerned about how communications – either too much or lack of it – affect senior citizens, particularly to the extent that they experience financial and other difficulties due to either not being aware of their rights, privileges and responsibilities, or being unable to obtain the required information.

This situation becomes particularly apparent when new programmes e.g. GAINS, Free Drug Benefit Program, etc. are introduced. While these programmes are designed to be of benefit to those entitled to them, often a great deal of time elapses until the public becomes not only aware but also sufficiently knowledgeable to reap these benefits.

Therefore the Income Maintenance Committee wishes to stress the necessity of improved communications to senior citizens – whether written, visual or verbal, and whether provided by public or private bodies (Government Ministries, private agencies, etc.). Ideally, the communications to seniors should be prepared by people who are either conversant with elderly or able to consult those who possess this specific knowledge. A simple formula is suggested:

Senior Citizens have to be able to –

- Read the print (large)
- Understand words (everyday words, and the same word used to identify the same thing)
- Understand the meaning
- Trust the information
- Know where to call or visit for further explanation
- Feel encouraged to enquire, and
- Finally, **use** the information.

FUTURE CONCERNS

We have a long list. Here are a few illustrations:

- Old, elderly, senior or whatever, how would you like to be referred to as “Old Age Pensioners”? It irks some, others cringe at the title of “Old” or “Elderly”. Age is a state of attitude and spirit. Someone once said, “Your thinking makes you what you are.” One thing is for certain: many, many people over 65 are involved and invaluable to society. Many more should be!
- Taxpayers escalation of income tax rates and bands and of income tax exemptions are now 12-18 months in arrears. However Guaranteed Income Supplement and Guaranteed Annual Income System are escalated only 3-6 months in arrears. This appears to be discrimination against those who are fortunate enough to be able to save a little or have a private pension, and who pay income tax. We would like to ask that the 12-18 month gap be made more realistic and that the escalation be geared to the average wage increase not the cost of living.
- “See Canada First” “See Ontario First” commercials on television, radio and press are sponsored by our governments. During our low wage working years it was not possible for many of today’s seniors to travel. Now many have the time and would love to see our West or our East, old friends or grown family who have moved away but costs have spiralled beyond most fixed income recipients. The Council intends to check into better rates for seniors – confirmed seats on at least government owned transportation.
- An agency to find part-time employment should be set up and something should be done so that the “reduction rates” under GIS and GAINS which together cancel out 100 percent of all that a low income senior citizen earns. Many seniors want jobs – for money, for achievement and for social contacts; and when they earn dollars they want to keep a fair share of it.

Our Committee’s top priority for the next year will be the research and preparation of a Green Paper to substantiate the inequities in –

- a) forced retirement at age 65
- b) discrimination in pensions
- c) early retirement–financial and other concerns
- d) regressive taxation

and to produce alternatives for present legislation both federally and provincially.

Committee–

Mrs. Corabel Penfold	– Convenor
Mr. James L. Clare	– Member
Mr. Melvin MacPherson	– Member
Rabbi David Monson	– Member

Where You Live Committee

The Committee determined that we needed to be concerned about:

- 1) seniors who live in their own home or apartment, subsidized or otherwise, and who are or appear to be quite independent;
- 2) those persons who are retired and live within the family unit; and
- 3) the older person who lives in an institutional setting.

The Committee's aim was to study whatever measures could be taken to improve the quality of life in whatever situation these seniors find themselves.

Our overall goal was to develop ways and means for the government to more adequately assist older people in creating a living situation where a person may look forward to retirement – not from, but to – a meaningful role in society.

The Committee's immediate goals were:

- a) to identify problems
- b) to determine a course of action by which these areas of concern could be dealt with
- c) to develop recommendations to the Council that would improve the quality of life for seniors in every environment.

In order to identify problems:

- We have talked with providers of services for seniors – Nursing Home operators, Administrators of Homes for the Aged, Public Health Nurses, Elderly Persons Centres, Boards of Charitable Organizations, and personnel in both urban and distant rural areas.
- We have met with government officials involved in programmes concerning seniors on both the federal and provincial level: Senior Citizens Bureau, Ontario Housing, Ministry of Health. We also met with a visiting Australian architect in charge of all construction of Homes for the Aged, Chronic Care Homes and Hospitals, N.S.W., Australia.
- We have visited Nursing Homes, Homes for the Aged, the new Veterans Extended Care Facility and the geriatric wings of general hospitals, Ontario Housing apartments, private Seniors Only apartments and church approved apartments (St. Peter's in Cornwall, Parkview in Stouffville), and the new residential satellite homes.

- On the truly grass roots level we have spent a good deal of time talking with seniors themselves and their families in their own homes and apartments, in Homes for the Aged and Nursing Homes, again in various parts of the Province. Committee meetings with the Cobourg and Windsor communities were most informative.

Through these meetings we have felt the proud independence of those Canadians who are resistant to accept government assistance in any form – the old widow living alone in a condemned house; but she has lived there since she was a bride 63 years ago. The old widower sobbing in his poor cottage in the country; his wife is gone and there is no one to care for him. The spinster whose hall light is out and the kitchen light is out and she is wondering how long she can live in the dark. The ones who cannot get out to shop because the snow has not been shovelled and the oatmeal is running low.

RECOMMENDATION

Subsidized Housing

The Committee's first concern has been for those seniors living in subsidized housing.

It was clearly indicated to us by seniors that they wished to live out their days in independence and dignity, just as long as they could do so safely. We agreed that this was their indisputable right and therefore presented the following recommendation:

When senior citizen housing has been approved for an area, senior citizens must be included on the planning team so that the following issues may be discussed and resolved to the satisfaction of the seniors who will be living there.

Point 1

Location of units – that they be close to transportation, shopping and, if possible, churches.

Design –

- a) that the ratio of bachelor and one-bedroom units be determined to suit local needs;
- b) that there be adequate fire escape means
 - i) units for senior citizens not located higher than rescue equipment of local fire department

- ii) concrete balconies off each apartment;
- c) that safety measures:
 - i) stove switches be located so that a senior will not have to reach across hot burners
 - ii) that shelf units not be too high that seniors need to use a step stool, yet with adequate depth, and with a total amount of storage space equal to that found in apartments in the private sector
 - iii) that grab bars be installed in all toilet and tub areas
 - iv) that all entrances to buildings be on ground level, with no steps or ramps, and with electrically-controlled sliding doors
 - v) that there be no steps from living room to balcony
 - vi) that entrances and corridors be carpeted.

Point 2

All senior citizen housing facilities must have a keyed entrance. When residents request it, consideration should be given to further security measures, i.e. security guards part or all day – a measure that would seem to be called for in many urban areas.

Point 3

That subsidized housing for seniors in smaller communities be considered, even where only septic tank service is available.

Point 4

To enable seniors to live in the community as long as possible (thereby effecting a considerable saving to the taxpayer as against institutional care).

- a) Aids to daily living should be built into apartments:
 - i) light switches should be lit up and placed low enough for a wheelchair or disabled resident to reach easily
 - ii) wall receptacles should be located higher above the floor, at least 24 inches
 - iii) breaker switches should be used in preference to screw-in fuses
 - iv) corridors should be wide enough for two wheelchairs to pass
 - v) elevators should reach to the top floor

- vi) for those with difficulty in bending over, laundry room dryers should be placed at chest height, self-cleaning wall ovens and frost-free refrigerators should be installed in kitchens
- vii) re the entrance – the building should be positioned on a site in such a way that an entrance be located close to the street for those using public transportation. For those using cars, there should be an entrance close to the parking lot, and a driveway to the door.

- b) Support services should be developed in conjunction with the construction of senior citizen housing, so that every senior citizen housing development should have available facilities and services for a more dependent type of living when required, i.e.:

Nursing care

Meal service

Housekeeping service

- preferably to be delivered through an institution adjacent to the housing facility;
- to be paid for on a geared-to-income basis;
- seniors themselves to be involved in the delivery of these services as much as possible.

A residents' council should be responsible to implement a "buddy system" so that each resident of the facility is contacted every day.

A call system should be installed in bathrooms and bedrooms throughout with a light going on in the corridor outside the apartment and preferably also ringing a nurse's or supervisor's office.

The Committee received a response from the Ontario Housing Corporation explaining that some of the items were accepted standard policy. A further report reiterating the existing areas of concern and suggesting specific action was submitted to the Honourable Margaret Birch.

The above recommendation was also submitted to Metropolitan Toronto Housing Company Limited who provide financing of senior citizen apartments, and to Central Mortgage and Housing Corporation who are funding church and other group sponsored housing for seniors. This was done because we are concerned that many very important areas, particularly safety measures, are being ignored in these projects.

RECOMMENDATION

Chronic Care in Nursing Homes

The Committee is greatly concerned with the cost of providing chronic care in nursing homes in Ontario and in particular those in outlying or rural areas. Therefore the following recommendation was passed by the Council and submitted to the Honourable Margaret Birch:

WHEREAS in many rural and outlying areas of the Province, chronic hospital facilities are not available, and

WHEREAS there are some nursing homes in these outlying areas providing chronic care (that is, three hours more of skilled nursing care per resident day) rather than sending the patient to a far distant chronic care hospital, many miles from the community friends of a lifetime; and

WHEREAS these nursing homes are incurring severe additional costs because of the necessary increase in staff to patient ratio,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that –

Those Nursing Homes providing chronic care receive a higher rate of remuneration than those Nursing Homes limited to extended care only.

The Committee also found that the present legislation governing Nursing Homes was under review and would be amended in the near future. In a letter to Honourable Margaret Birch, the following observations and comments were presented:

“In discussing issues from the point of view of the small nursing home owner-operator, we have learned that in some cases, there is significant difficulty in meeting regulations which call for ancillary space, such as separate dining rooms, handicraft rooms, etc. At times, the size of the property will not allow for expansion and where there are only a small number of beds in a home, the extra cost becomes prohibitive. There should be built-in flexibility in regulations whereby a small nursing home, providing it is offering a high level of care, can continue to operate.

While economics dictate otherwise, we feel very strongly that small nursing homes serve a vital role in our society. We have observed that nursing home residents are being uprooted from their own community and sent to large nursing homes. In this instance, these residents are separated from regular visitors and friends which the nursing home residents have known

for many years. In many cases, due to increased distances, visiting relatives are not able to maintain contact with displaced nursing home residents. Residents are therefore not only alienated from their own community but are also separated from friends and family at a time when these contacts are possibly more important than at other time in life. In addition, the closing of a small nursing home creates an employment problem for the staff involved in its operation.

We are also concerned with differences in receiving assistance, for instance, a person who qualifies for Extended Care benefits is able to receive nursing care at a cost of \$5.90 per day, while another person, who for various reasons may need the support of nursing home care but does not qualify for Extended Care benefits must pay a much higher rate. In effect, this creates an incentive for a person to be “sick” rather than an incentive for a person to be “well”.

We are also aware that in some situations, a person who can be classified as “chronic care” is placed in a nursing home where theoretically such care is not available. In some cases, such as in Northern Ontario, chronic care facilities are often located in isolated areas and there is a definite advantage in locating the residents closer to home. In such instances, consideration should be given in assuring greater funding for these nursing homes.

Summation:

- 1) Consideration should be given in providing flexible legislation with regard to ancillary space in small nursing homes.
- 2) Consideration should be given to maintaining the small nursing homes in small communities.
- 3) A solution should be sought with regard to the problem of the incentive “to be sick rather than well” and of the resulting financial situation in these cases.
- 4) There should be flexibility in funding where chronic care people are cared for in a nursing home setting.

RECOMMENDATION

Basic Training in Emergency Situations

For some time now the Council has been looking at the various problems of ambulance service for senior citizens with regard to both costs and services. It has also been noted that many of the problems cited are in the process of being resolved. However, research in this area has indicated that first aid training may be provided for senior citizens in apartments and centres.

The following recommendation was passed and submitted:

WHEREAS Seniors are more prone to serious physical injuries; and

WHEREAS the waiting period from the time of calling for an ambulance and the actual time of arrival is 16 minutes on the provincial average; and

WHEREAS immediate attention in those first critical moments could literally spell the difference between life and death.

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

Basic training to cope with such emergency situations (such as St. John Ambulance or the Red Cross) be made available to groups of interested residents of senior citizens apartments and centres.

FUTURE TASKS

For Seniors still in their own homes –

We look forward to the development of home help and related support services to enable them to remain in their own homes.

Apartment housing for Seniors –

- a) We are concerned that the area of safety features such as balconies, stove switches, breaker switchers, etc., must be pursued.
- b) We hope that specific recommendations made for Ontario Housing Corporation become policy; the same policy should apply to all subsidized housing and non-profit projects.
- c) We feel we must become more involved in helping various groups, particularly those charitable and non-profit organizations who wish to develop support services such as dining rooms in apartment housing, elderly persons centres, and see that funds are available for these projects. We are in the initial planning stages with a group to plan and erect an all-encompassing model project for seniors, ranging from total independent care, with support services and activities available from adjoining institutions.

We have yet to study in sufficient depth the policy and procedures, the rights and privileges, the quality of life of residents in Nursing Homes and Homes for the Aged, in Rest Homes and in long-term Chronic Care Hospitals.

We are concerned with the often callous approach to patients in geriatric units of general hospitals; with the shocking lack of concern and care to a frightened, possibly blind senior left alone for hours in the emergency ward of a hospital.

We are concerned for the fact that when a resident of a Home for the Aged or Nursing Home is hospitalized, he is robbed of the security of a place to live should his stay extend beyond fourteen days.

More than ever, we face the need to easily cross the lines of the three Ministries involved in the problems of seniors – Housing, Health and Community and Social Services.

Committee:

- | | |
|---------------------------|------------|
| Mr. David Rudy | – Convenor |
| Mr. George Bassman | – Member |
| Mme. Roseannette Girouard | – Member |
| Mrs. Lois Neely | – Member |
| Mrs. Ida Olive | – Member |

Health Committee

The Health Committee is comprised of five members who come from Thunder Bay, Cornwall, North Bay, Windsor and Cobourg. Just as our locations are varied so have been our interests in the health field.

Our philosophy is a belief — “That health services to maintain good physical and mental health should be available to all senior citizens.” In order to achieve this objective the concept of prevention should be stressed. We believe that supportive services should be available to all seniors to keep them out of institutions and in their own home as long as possible.

AREAS OF CONCERN

Home Care

The biggest and the most important undertaking has been the research and study of present legislation with regard to homemakers and home help services. From May until September, 1975, background data and research into present legislation has kept the members of the Committee busy gathering knowledge and learning how this project could fit into a total package of supportive services.

Numerous consultations were held with government personnel and private agencies providing home care services. In addition Sister Audrey Mantle visited, studied and prepared “Home Help Services for the Elderly in Sweden and England” and “Home Support Services for the Elderly in the Province of Ontario”. (Ed. both reports are available upon request from the Council’s office.)

It is important to note that a recent change in the Labour Relations Act now includes coverage for minimum wages for the home care worker as a “newly trained category of health worker” who would be recognized with remuneration commensurate with the training report.

The resulting proposal on Home Care submitted to The Honourable Margaret Birch appears as a separate item in this annual report.

Senior Citizens Centres

The Committee is very interested in the possibility of providing multi-purpose and multi-service Day Centres for Senior Citizens across the province.

A proposal and outline of such Centres prepared by Mrs. Dorothea Knights is described under a separate heading of this report.

Free Drug Benefit Program

Study, research and meetings with members of the Ontario Medical Association and the Ontario College of Pharmacy regarding the formulary and present free drug benefit programme resulted in further suggestions being forwarded for consideration to the Ministry of Health before a new formulary was issued. We are pleased to learn that drugs will now be available to all senior citizens and that the formulary was expanded to include a wider range of drugs.

Foot Care

Concern about foot care for the elderly has led to an investigation of how and by whom such services are provided, their adequacy and accessibility and the cost factors involved. Meetings have been held with representatives from the Ministry of Health, the Ontario Podiatry Association and the Ontario Medical Association. A panel presentation to Council detailed the scope of service by the registered nurse and the registered nursing assistant in foot care, their preparation for rendering such services and the variety of health agencies or institutions through which such services are provided. We see the need for the training in Canada and prefer the British system. Care of the feet is still far from adequate and is not readily accessible and often far too expensive for those on limited income.

Dentistry

Another aspect in the care and well-being of the elderly has been our committee’s study of dentistry. We have learned from the Ontario Association of Dentistry, that it has now become the feeling of some dentists that it is perhaps better physically to work around whatever solid teeth an elderly patient has than to extract all teeth and build dentures to suit the gums. There also appears to exist a great need for a course in geriatric dentistry. We were informed of a relatively new procedure prepared by a dental company by which a patient’s dentures can be permanently identified with his name. This would be advantageous for use in nursing homes and hospitals, but could not be made compulsory as it might be considered as an intrusion on the patient’s rights and privacy.

Senior Volunteers

The Committee is interested in the encouragement, involvement and utilization of seniors as volunteers. This should, if properly organized, inspire seniors to take an active part in some volunteer service in their community – to quote one Council member, “I have found that people who were contributing were happy people. Those who took an active part in community affairs before retirement lose a great deal at retirement for suddenly they feel that they might not be wanted only because they have reached age 65. If we let our seniors think that, society is the loser.”

The Committee wishes to commend the Ministry of Community and Social Services for their present innovative programme of Senior Volunteers in Service across this province.

Ambulance Services

Study and recommendations of ambulance service in this province with respect to the elderly are in preparatory stage.

Future Tasks

The dramatic changes which have occurred in the twentieth century have had a significant effect upon today's senior citizens. Rapid mobility with all its advantages has affected much of their very style of life. Family and friends who once lived close to each other are now widely dispersed. Major population movement from farm to city have affected primary relationships. There are so many changes such as lower income, changes in housing arrangements, special nutrition and diet needs, chronic illness, loss of a spouse. All these factors require personal adjustments, which have in some cases contributed to serious health problems. How much happier our seniors would be today if they had a choice of where they would like to live and such opportunities as multi-purpose centres where they could obtain information on any of their medical, social or spiritual needs and have the opportunity for recreation, education and self-fulfillment.

We are also concerned with many other areas – eye care, chiropractic services, nutrition diets, recreation, mental health, crime, fraud, reality orientation. All of these and many more are part of the daily lives of our seniors, bearing in mind that 85% of them live quite adequately in their own community.

Committee:

Miss Mary Corbett	– Convenor
Dr. Alban Nadon	– (resigned)
Sister Audrey Mantle	– member
Mrs. Dorothea Knights	– member
Mme. Adrienne Rochefort	– member
Mrs. Margaret Sideen	– member

Home Care

The Ontario Advisory Council on Senior Citizens are convinced that a total Home Care Programme in the Province of Ontario is essential as an alternative to institutional living. In addition, it is the opinion of the Council that a total Home Care Programme for the province extends beyond the jurisdiction of the Ministry of Health, and that existing programmes under the Ministry of Community and Social Services pertaining to Home Care should be combined under one act and administered by one authority.

The following recommendations outline the necessary steps to be followed in initiating such a programme:

A) COMMUNICATIONS

WHEREAS at present the proliferation, overlapping or even competing services in some areas and the serious lack of services in other areas are confusing and detrimental to the well-being of Seniors, often causing unnecessary institutional placements, and

WHEREAS this proliferation of services is often caused by the temporary grant system when many of these at the end of the grant are not taken over by the municipality and therefore the service no longer exists, and

WHEREAS the Ministry of Community and Social Services and Ministry of Health separately administer sections of a Home Care programme in Ontario, and

WHEREAS co-ordination of the two services provided by both ministries would result in one comprehensive Home Care Programme,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 A joint venture be initiated between the two Ministries to devise a total package for home care in the province.**
- 2 A total package of home care would include the following types of service:**
 - 1 Medical assistance.
 - 2 Visiting nursing care.
 - 3 Homemakers.
 - 4 Home help.
 - 5 Foot care.
 - 6 Dental care.

- 7 Eye care.
- 8 Maintenance: home, garden, windows, snow shovelling, etc.
- 9 Attendant services (sitters, etc.).
- 10 Transportation.
- 11 Housing subsidies.
- 12 Recreation and education.
- 13 Physiotherapy.
- 14 Occupational therapy.
- 15 Speech therapy.
- 16 Meals-on-Wheels.
- 17 Telephone – dial-a-friend.
- 18 Home aids.
- 19 Friendly visiting, etc.
- 20 Day care.

B) MINISTRY OF HEALTH

WHEREAS the Ministry of Health is at present responsible for the administration and development of Home Care Programmes in Ontario, and

WHEREAS the three objectives of the existing programmes are:

- 1) The provision of care for the patient in the home where this location is appropriate and is in the best interest of the patient's well-being.
- 2) The avoidance or reduction of cost of patient care by avoiding the admission to hospital or other institutions.
- 3) The reduction of the length of hospital stay through earlier discharge to Home Care, and

WHEREAS these objectives have been established with the ultimate aim that a patient will progress toward established goals for rehabilitation.

WHEREAS the present Home Care Programme is limited to eighty hours for each patient,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 A fourth objective be added to make provision for those persons who cannot be fully rehabilitated or have a continuing**

disability to be allowed the choice of being maintained in their own homes for as long as feasible through the provision of one or more of the support services given under a total Home Care programme.

- 2 In view of the lack of knowledge in a total Home Care programme by the government, several pilot projects should be initiated throughout Ontario in locations which vary in size and nature and which would reflect different needs. The council also recommends that these projects should commence as soon as possible and not be delayed in waiting for new legislation which is suggested in this report to be fully implemented.**

The following is a suggested set of guidelines for a pilot project:

- i) Use of resources already in the community for a base
- ii) Use of resources and/or volunteer agencies to complement services delivered
- iii) In depth attitude orientation to the concept of total delivery of care and all that it implies (communications, co-operation, etc.)
- iv) Use of on-going evaluation tools such as measurement of needs, etc.
- v) Use of a reasonable time span
- vi) Access to adequate (but not unlimited) funding.

C) MINISTRY OF COMMUNITY AND SOCIAL SERVICES – HOMEMAKERS AND NURSES SERVICES ACT:

WHEREAS the Ministry of Community and Social Services supports and subsidizes institutional programmes under the Homes for the Aged and Charitable Institutions Act, and

WHEREAS these Acts in many instances provide the only alternative of placement for Senior Citizens, and

WHEREAS all counties and regions in the Province of Ontario have a mandatory requirement towards the provision of a Home for the Aged which is subsidized by the Ontario Government, and

WHEREAS the Homemakers and Nurses Services Act is permissive legislation in allowing municipal or local governments to either purchase services from an agency or to employ their own staff (80% of the cost of these services being subsidized by the Ontario Government and 20% by municipalities), and

WHEREAS there would be a significant reduction in operational expenditure through the three Acts mentioned above by the provision of a total, province-wide service under the Homemakers and Nurses Services Act, and

WHEREAS these services would provide Senior Citizens with an alternative choice in either remaining in their own home or being institutionalized,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 The Ontario Government hold a moratorium on the approval of the construction of additional beds under the Homes for the Aged and Rest Homes, Charitable Institutions and Nursing Homes acts with the exception of the Foster Care programme under the Homes for the Aged Act and excluding those small Nursing Homes and Rest Homes which provide good intermediary care.**
- 2 The Ontario Government amend the Homemakers and Nurses Services Act so that it becomes mandatory for Municipal and Local Governments to provide services available under this legislation to all homebound or handicapped persons and senior citizens, such as those persons awaiting placement in an institution, who require the services.**

D) SERVICE STANDARDS

WHEREAS municipal or local governments may either purchase services from an agency or employ their own staff, and

WHEREAS staff from an agency, municipal or local government may vary widely in degree of programme standards from one location to another, and

WHEREAS rural, municipal or metropolitan communities often have different service needs, and

WHEREAS a well designed basic programme can be applied to any community regardless of size or location,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 Well defined basic standards be established for a total home care program in Ontario and that these standards have built-in flexibility to meet the needs of all types and sizes of communities throughout the province.**

E) PERSONNEL – RECRUITING AND TRAINING

WHEREAS municipal and local governments or service agencies may not have adequate personnel available for the services the community requires, and

WHEREAS the mandatory requirements of the Ontario Government for such services by municipal and local governments or service agencies will create the need for adequate and possibly additional personnel, and

WHEREAS the proper training of such personnel needs to be clearly defined and based on set standards of the services, and

WHEREAS the suitability of the personnel to deliver the services is very important,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 Recruitment of staff be sought out not only from the present sources but also from other groups such as persons on Social Service Benefits Programmes (i.e., Family Benefit Allowance Mothers) persons reflecting the total ethnocultural community and senior citizens particularly those who have just retired (men and women).**
- 2 A screening mechanism be built in and a well defined job description in the employment of such personnel so that suitable persons are recruited.**
- 3 A short intensive training program be established which will be uniform throughout the province and which would have an in-service training component as well as additional training and retraining sessions with yearly consultation during the time of employment.**
- 4 A mandatory requirement that recruited personnel attend such a training programme.**
- 5 The teaching of this uniform training be made available in their local community colleges, schools under the new community uses of the existing school facilities or in government sponsored housing projects, keeping in mind easy accessibility and encouraging surroundings.**

F) FUNDING

(i) Needs Testing

WHEREAS at present in cases of medical necessity home care is provided up to a limit of eighty hours and covered by OHIP, and

WHEREAS this service should continue but be provided for as long as feasible, and

WHEREAS in other than medical cases a needs test should be applied, and

WHEREAS there are several forms used for needs testing and several groups, such as the VHA, Red Cross, VON or Ontario Government applying these tests,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 Delivery of all Home Care Services by Agencies, Local Governments or the Provincial Government should utilize one needs test.**

(ii) Legislation

WHEREAS there are numerous locally organized Projects relating to one or more components of Home Care which are sporadically financed by a variety of funding bodies such as LIP grants, OFY grants, New Horizons and so forth, and

WHEREAS the Homemakers and Nurses Services Homes for the Aged and Rest Homes, Charitable Institutions, Elderly Persons Centres Acts and various items within an Act respecting the Ministry of Health all make provision of funds to one or more components of Home Care Services in the province, and

WHEREAS the Ontario Government could consider the funding of a total Home Care Programme in the province,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

- 1 The Ontario Government consolidate the existing legislation relating to Home Care under one piece of legislation.**
- 2 The costs of a total Home Care Programme in the province be provided from an integrated funding scheme in order that the federal funds which apply to existing Home Care Programmes in various ministries can continue to be utilized.**

SUMMARY OF IMMEDIATE CONSIDERATION

- A) Communications
- B) Ministry of Health
- C) Ministry of Community and Social Services
Homemakers and Nurses Services Act
- D) Service Standards
- E) Personnel – Recruiting and Training
- F) Funding (i) Needs Testing
(ii) Legislation

CONCLUSION

The Council recognizes that it is essential for co-operation and co-ordination of efforts between the Ministries, Council and those groups who have researched and made proposals with regard to the components of a Home Care Programme.

Therefore it is important that a meeting be called for all those professional individuals and groups involved in Home Care Programmes to discuss a proposed total Home Care Programme and its ramifications.

It is also evident that the role of the volunteer in a Home Care Programme is invaluable. In this respect a second meeting should be held for volunteers involved in Home Care Programmes to discuss the roles in which their organizations may participate.

Sister Audrey Mantle

Senior Citizens Centres

Social attitudes towards the elderly vary a great deal. It is important that we be concerned and consider their right to live in dignity, and remain in their own homes as long as possible.

Aging is a natural process. Thus an integral part of the life planning process (cradle to the grave) should be to provide opportunities for the elderly to participate in the community life and remain therein as long as possible. Supportive services should be available if necessary to allow the above to happen.

While we have clubs and centres, our particular concern is the establishment of multi-purpose centres.

A CLUB is a group of senior citizens meeting fairly regularly and having a common goal, purpose or interest, e.g. Euchre.

A CENTRE is a facility for senior citizens open at least 3 days a week providing leadership and activities. The success of operating the centre depends upon the involvement of the community, and the degree of participation of the adults themselves.

A MULTI-PURPOSE CENTRE is a facility for senior citizens, large enough, well staffed, open at least 5 days a week.

- a) there should be a wide range of activities and opportunities for all aged persons
- b) there should be supportive, preventive, protective services available, e.g. health services (as a day care facility) hot-meals, legal advice, etc.

The goals of such a centre are multi-faceted and would give the seniors opportunities such as:

to continue life in a pleasant environment with their peer group;

provide a vehicle to achieve self-fulfillment affording health and happiness; and

invite involvement of all – the well-aged and those with controlled health problems, e.g. diabetes, heart ailments, strokes, etc.

The submission of our recommendation is based on:

Consultation with staff members at Senior Citizens Centres.

Discussion with members of

Boards of directors Senior Citizens Centres
Committee on Aging – City of Windsor;

Discussion and Correspondence with London Senior Citizens Centre;

One day visit to Waxter Senior Citizens Centre, Baltimore, Maryland;

Discussion with Senior Citizens Centre, Detroit, Michigan;

Open discussion with a group of senior citizens (members of Windsor Senior Citizens Centre);

Considerable involvement by way of discussion, etc., within Health Committee of Advisory Council on Senior Citizens;

Presentation of resolution to Ontario Senior Citizens Centres Association;

Reading:

The Gerontologist

David Croll's Report, 1972

Training Institute Report
Winnipeg, 1972

National Institute on Senior
Citizens Centres, U.S.A.

RECOMMENDATIONS

WHEREAS Senior Citizens have been pioneers in Canadian Society, and

WHEREAS the whole philosophy of a Multi-purpose Centre for Senior Citizens is to encourage them to participate in planning for themselves, to keep them active physically, socially and intellectually and to afford them the opportunity of contributing to their community, and providing them with the information, assistance and services to use all community resources to maintain optimal functions, and

WHEREAS only 5% of Ontario's senior citizens 65 years and over are in institutions and 95% resident in the community,

THEREFORE the Advisory Council on Senior Citizens recommends:

- 1 That Senior Citizens in any community have information relative to the value of multi-purpose centres, and that they, the seniors, be involved in the planning stages of such a project.

- 2 That information re the ways and means of financing such a centre and/or programme, be made available upon request from the proper ministries or other sources, whereby communities would receive information about the establishment of other centres and realize their own potential in raising funds to totally or partially finance their Centre.
- 3 That if a Day Care (Health) should be a component of a multi-purpose centre (and it is suggested it should be), the Ministries of Health and Community and Social Services work together in establishing such a Centre.
- 4 That it be publicized that Clubs for Seniors may be started by using available facilities such as church halls, empty classrooms, etc.
- 5 That monies be made available to adapt an existing facility (e.g. church hall) to the needs of the physically disabled, i.e. ramps, elevators, washrooms, etc.
- 6 Ideally such a multi-purpose centre should be tied in as closely with Senior Citizen Home, Nursing Home, etc.
- 7 That those ministries, bureaus and individuals involved consider the Multi-purpose Centre as a top priority on behalf of the aging in our communities.
- 8 That communities be made aware of the needs of their own senior citizens who have made a great contribution to society; of the great benefits to be gained by Seniors using a Multi-purpose Centre; and that the province urge strongly community involvement on the local municipal level.

SUGGESTED PROPOSALS

- a) Introduction of a health component (day care centre) in conjunction with recreational and social centre.

Description: an area specifically set up for ambulatory or disabled persons; with access to all recreational and social services plus limited nursing care, physiotherapy, speech therapy, medical check-ups; nutritional counselling, podiatry, hair care, supervised bathing, hot meals or perhaps Wheels to Meals, etc. These persons would be receiving care, coming out of their daily environment, and relieving a family of this responsibility for at least a part of a day. In some areas in U.S.A. where this is working well, the hours are 8

to 4 and five days a week. Some of these services could be purchased through Public Health, VON, etc.

PROJECTION FOR THE FUTURE

There is an apparent move to organize more Senior Citizens Centres. This is a welcome phenomena as it not only benefits senior citizens and makes them contributing members to the society but also creates more understanding and cohesiveness of the total community.

The existing Centres, as well as those applying for financial assistance for capital and operational expenses, should be encouraged perhaps even directed to enlarge their operations and become multi-purpose centres by incorporating the health services component. The funding of such services would be considerably less than the costs of caring for seniors in a nursing home or a home for the aged.

There is also a need to receive and study the existing Elderly Persons Centres Act (revised 1974) as there have been no changes made in basic legislation. Another point is the complicated mechanism of funding when sometimes a number of sources have to be approached and approval received before a centre can be established, e.g. Provincial Government, Municipal government and local community organizations.

We believe that we shall be able to arrive at some workable solutions to benefit our older residents. Further recommendations are expected from the Elderly Persons Centres Association.

Mrs. Dorothea Knights

Education Committee

The original intent was that this Committee should embrace both education and recreation, hence the scope of its delineated philosophy. Space does not permit the inclusion of a complete outline of this philosophy. Suffice it to say that the Committee views education as a life-long endeavour, equally vital to society and the individual, it takes many forms, it is acquired in many places and many ways, and serves a diversity of purposes. Planning for aging must be woven into the total fabric of our society and the necessary provisions programmed by government, volunteer agencies and individuals. Central to the effectiveness of any programme for the elderly themselves is our attitude toward our senior citizens, as well as their own self-image and attitude toward aging. Design, not happenstance, should govern such attitudes. R. S. Peters has stated, "To be educated is not to have arrived at a destination; it is to travel with a different view." We would hope that programmes of education and recreation, promoted in our province through whatever channels, would help the individual to travel in a more helpful, hopeful way, thus enriching their own lives and all those with whom they come in contact.

Based on this philosophy, the broad goals of the Committee are as follows:

GOALS:

A) Knowledge and Attitudes

- 1 To develop in the citizenry at large and the senior citizens themselves
 - a) an understanding and appreciation of the aging process, the accompanying special needs of the aged, how to gain and maintain optimum health and hope throughout life, how to effectively use coping mechanisms to overcome temporary or permanent disabilities,
 - b) a positive, accepting and caring attitude toward aging and the aged; assisting the aged to maintain a continuing sense of their own worth, a desire and expenditure of effort to attain a realistic level of self-responsibility and self-fulfillment and a belief in society's continuing need for them as individuals, what they are and what they can contribute.

B) Needs and Resources

- 1 To acquire a realistic, comprehensive picture of resources for education and recreation for the aged throughout the province – their sponsorship, their programs, their utilization, their effect and effectiveness and their costs.
- 2 To determine the needs of additional resources for education and recreation throughout the province and to promote measures to better meet their needs.

SCOPE AND METHODOLOGY:

With increasing recognition of the breadth of its tasks, the Committee took cognizance of the need to set priorities in its first year of operation. It has found time, therefore, to give attention to certain areas of education only, exclusive of recreation, as such, except in the areas of education for leisure time and education as recreation.

In education related to the aged and the aging process, five groups are of primary concern: the elderly and their families; the general public of all ages; those who control relevant policies and programmes; those who contribute to education and recreation endeavours, either as employees or volunteers; those who work with the elderly in all aspects of their living wherever they are in the community.

Areas in education which have received the major portion of our time and attention to date are: Elementary and Secondary School Education; Education in the Colleges of Applied Arts and Technology; Education for Retirement; Education of Selected Health Care Workers. With reference to the latter, the Committee on Education has worked hand-in-glove with the Committee on Health since Education for the provision of services cannot be divorced from performance of those services. Other methods used in the work of the Committee have included: correspondence and consultation with representatives of government, educational institutions, libraries, industry, professional organizations, individual reading and assembly of relevant educational materials and bibliographical references, attendance at or participation in conferences, workshops and seminars on request, participation in Council visits to Cobourg and Windsor, including visits to selected educational institutions; gathering of information on education for aging and the aged through letters to all Colleges of Applied Arts and Technology. The Chairman, because

of her particular background, has been actively involved, by request, in many of the concerns and activities of the Committee on Health. Those consulted are incorporated in the list of total Council's contacts.

Committee Activities and Recommendations Forwarded to Government

Few recommendations have been made to government at this time, but a great deal of exploration has been done to gain basis for these and future recommendations. Moreover the Committee, as a whole, and through its individual members has participated in many activities to stimulate an interest in education for the aged and the aging process in various significant sectors of our educational system, other agencies through which educational endeavours are undertaken, and the community-at-large.

A positive productive relationship has been established with the Ministry of Education and a beginning made in exploring ways in which the Council and this Ministry can work co-operatively to further the Committee's goals within the Elementary and Secondary Schools. Dialogue has centred specifically on the following: interest and continuing education of teachers, curriculum and course development-guides provided by the Ministry; provincial, regional and local efforts of teachers and administrators; experimental programmes and programmes of proven excellence; educational reach; local support sources and resources; Boards of Education; parent-teacher associations; senior citizens themselves and agencies working with them; impediments to progress. Directly relevant to these questions are the following recommendations presented to Council and forwarded by it to The Honourable Margaret Birch.

RECOMMENDATION 1

Ministry of Education make it mandatory that its inspectors include some study in the aging process in the present preparatory course which is required for these positions.

RECOMMENDATION 2

Principals and teachers upgrade their knowledge and attitudes in order to better encourage students to active participation in courses on aging.

RECOMMENDATION 3

Information be sought by the Ministry of Education to determine what is being taught in all elementary and secondary schools in relation to the "aging process".

RECOMMENDATION 4

Ministry of Education review the entire courses of study in elementary and secondary schools to determine how the natural process of aging can be re-introduced at all grade levels.

RECOMMENDATION 5

Ministry of Education encourage, to the utmost, such involvement and interaction between the elderly people and students, recognizing that 70 percent of elderly people are active and alert.

The Committee is currently exploring with the Ministry of Education the feasibility of joint compilations of the following, with a view to sharing them with teachers throughout the province. Ministry representatives have indicated their support of these and have discussed with the Committee Convenor specific ways in which they might be implemented, and key personnel in the department who might assist. Particularly reassuring is that the specific suggestions include the involvement of teachers, as well as senior citizens themselves.

- 1 A roster of creative innovative educational experiences developed currently, and in the future, in particular schools by individual teachers or departments.
- 2 An annotated bibliography on aging and the aged – which would help the teachers and students when using school libraries.
- 3 A listing of expert resource personnel knowledgeable in various aspects of aging.
- 4 An on-going listing of short courses, conferences, workshops on aging and the aged which could contribute to teachers' continuing education.
- 5 Assistance with provincial, regional and local meetings of teachers and administrators to foster professional development. This might take the form of assistance with planning professional activity days, procurement of guest speakers, or actual participation by Council members in programmes.

The Committee's exploration of educational offerings in the Colleges of Applied Arts and Technology is reported in the subsequent section titled, "Studies Prepared or Proposed." Through the Committee on Education of the Canadian Association on Gerontology a similar, but more restricted, survey of university education in Geriatrics and Gerontology is currently under way. The Committee is awaiting results of this survey before proceeding with further exploration and possible recommendations at this level of education.

The Committee and the Council stress the importance of establishing a Chair in Geriatrics and Gerontology in one of Ontario's universities. It also lent support to Ryerson School of Technology in the development of a Baccalaureate programme for workers with the aged within its Department of Social Services. Discussion has taken place in personal interview and at a meeting of Council with representatives from Ryerson's administrators and faculty regarding the course. The Committee Convenor has agreed to function as a liaison to Ryerson's Advisory Committee for this programme, with a Committee member named as her alternate.

Pre-retirement education has been explored primarily in the field of industry with several large companies through personal interviews and valuable relevant materials provided by these companies has been added to Council's holdings of resource materials. Knowledge about this area of education has been greatly augmented through information provided by the Colleges of Applied Arts and Technology in response to the Committee's letter of enquiry.

With reference to the education of selected health care workers, the Committee explored independently and with the Committee on Health, the role of the podiatrist and other professional and auxiliary health care workers, gathering specific data on their specific functions and educational preparation. The Committee Convenor formulated with the Convenor of the Health Committee the letters and recommendations relevant to Podiatry and furnished The Honourable Margaret Birch with extensive information on education and services rendered by registered nurses and registered nursing assistants in foot care. It was specifically recommended that the current and potential contribution of already prepared personnel be recognized when consideration is given to any new legislation pertinent to personnel to be prepared for rendering of foot care to the elderly.

Similar support was rendered by the Committee Convenor in the exploration of the education and services of homemakers and the review of legislation relevant to special provisions re prescription drugs pertinent thereto. Both of these topics are discussed in detail in the report of the Committee on Health.

The Committee recommended to Council to work closely with Ontario Educational Communications Authority. It also suggested to Council the desirability of a system of collation and dispersion of pertinent reference materials to all Council members.

The Committee brought to Council a proposal for a "Council on Senior Citizens Caravan" or "Operation Giving". This would comprise a mobile unit or caravan which could transport human and material resources to any part of the province for the purpose of bringing to our people's doorstep, on a face-to-face basis, evidence of our government's concern for the elderly. It was suggested that this be conducted on a carefully circumscribed pilot basis, initially, with potential later expansion. In this way, many projects could be undertaken relevant to determination of attitudes on aging; two-way communication with citizens about their concerns, with provision of individual and group consultation; distribution of relevant printed material; research and educational enterprises and promotion of recreational projects.

Council endorsed the proposal in principal, but other Council priorities have precluded exploration in depth of the feasibility of its implementation and the planned two-day visits to Cobourg and Windsor have fulfilled to a limited degree purposes intended to be achieved through this channel.

Other Committee activities have centred around:

- 1 Exploration of library services for the elderly wherever they are located in the community.
- 2 Citizen advocacy.
- 3 Participation by individual members, by request, in services, workshops, conferences, offered through various agencies.

It is evident from this report that much of the involvement of the Committee on Education has been in the nature of work leading to future action and possible recommendations to Government. Other channels of influence may also prove to continue to be appropriate to the achievement of this Committee's goals. Only purposely selected aspects of the total envisioned task of the Committee have received even initial thrusts this year. Much time and energy have been expended in co-operative action with and in support of other Committees.

STUDIES PREPARED OR PROPOSED

As previously indicated, relevant education in the Colleges of Applied Arts and Technology is one area in which the Committee has commenced exploration. In March, 1975, a letter went forward from the Council to all such colleges in nineteen areas in Ontario. The letter requested each president to forward a copy of the current calendar of the college, placing an asterisk beside any course in which content relevant to the aged and the aging process is

incorporated, and forwarding a course outline with bibliography when sanctioned by the professor(s) responsible. Additional information was sought where time permitted provision of such information. Its nature was guided by the following statements:

- 1 An indication of any course(s) offered in your college which have introduced innovative learning experiences relevant to the aged and the aging process. A description of the specific undertaking, students for whom it was provided and the professor responsible.
- 2 A list of special educational offerings relevant to the aged and the aging process which your college may have offered or for which you have received a request, etc. (for credit or non-credit).
- 3 A list of relevant audio-visual aids and other material resources (e.g. library holdings, slides, audio-visual tapes, films, etc.) which your faculty has found particularly helpful.
- 4 Arrangements which your college may have made to provide education for senior citizens themselves, either within your regular curricular offerings or as special provisions, e.g. can senior citizens attend all or certain courses at reduced or no tuition? Have you used senior citizens to contribute to the teaching in any course? If any such arrangements have been made what has been the response on the part of senior citizens?

A response has been received from twelve Colleges of Applied Arts and Technology, some of which contain a wealth of information. Complete compilation and interpretation of findings will await further submissions from the colleges.

From data already collated, it is evident that all colleges are expanding some efforts in education related to the aged and the process of aging and some colleges are providing yeoman service in this area of education. It is almost routine that senior citizens pay five dollars for any course offered in the college, and that all courses, either in the regular programme or through extension or both, are often available to them, with simply proof of age. In addition, many courses were identified as containing specific content on the aged and aging (in one college fourteen courses and two programmes were so identified). The number and variety of special offerings for seniors is very gratifying, as are the short courses, seminars, or workshops to help the general public or those who work with the elderly toward developing a better understanding of aging and a positive attitude

toward the elderly. It is reassuring that provision is made for the elderly, whatever their life circumstances and their locale in the community. In particular the problems of transportation have been overcome by bringing either the elderly to the Colleges or taking education, designed specifically for them, to "Where They Live" or some convenient central location.

In education, as with other fields of endeavour, provisions can be made but they are futile if not utilized. Increasing utilization appears to be the picture in this instance. One college indicated that 312 senior citizens have attended part-time or full-time seminars, classes, etc. One college noted that "with our reduced registration fee we actively encourage senior citizens to attend our programmes offered at the school and we believe that they have taken this opportunity and in most cases have contributed greatly to the success of the class". Still others have indicated their use of senior citizens themselves in teaching and counselling.

The Committee has been able with even a partial response to its query to commence to identify those colleges with the most extensive and diverse offerings, the richest material and human resources (library materials; audio-visual aids, key expert personnel). There are plans to share the final report of this project with all colleges who request it, thus encouraging cross-fertilization of ideas and sharing of effective experiences. Sharing of this report has the designed purpose of stimulating even greater interest and effort on their part.

FUTURE PLANS

The following indicates areas in which the Committee on Education needs to continue or commence work:

A) Elementary and Secondary Schools

- 1) There needs to be emphasis on the continuing education of teachers. The body of the report has outlined five potential approaches to this. (See section on Committee activities.)
- 2) Visits to selected programmes.
- 3) Survey of pertinent curricular offerings in the entire province.
- 4) Preparation of articles interpreting Council's goals and relevant activities in professional journals, e.g. Journal of Secondary Schools, Journal of the Ontario Teachers' Federation.

B) Colleges of Applied Arts and Technology

- 1) Completion of project already commenced, with preparation of final report, its distribution to CAATS, accompanied by suggestions for its use and ways in which the Council might assist in the implementation of any or selected recommendations.
- 2) Visits to selected CAATS to study indepth programme of excellence or to ascertain why certain colleges have made less progress than others and assist with suggestions for further local participation.
- 3) Promote to the CAATS, either through the Government or directly, a roster of expert resource personnel and materials.

C) Universities

- 1) Study the report, when ready, of the survey under way of the Committee of Aging, Canadian Association of Gerontology.
- 2) Further explore the situation in Ontario universities regarding education in Gerontology, Geriatrics, and lend support to efforts already begun. Stimulate further appropriate undertakings.
- 3) Enter into dialogue with representatives of the Ministry of Colleges and Universities, similar to the on-going one established with the Ministry of Education to explore approaches to co-operative effort by the Ministry and the Council.

D) Preparation for Retirement

- 1) Further explore programmes already in existence in industry and through the Colleges of Applied Arts and Technology.
- 2) Ascertain where additional programmes are offered, either through the general educational system or in the broader community.
- 3) Explore with senior citizens their own preparedness and effectiveness of programmes in which they have participated and their suggestions for improvement.
- 4) Give suggestions and assistance wherever possible in the development of new programmes, consultative services and new ways of reaching future retirees to provide them with assistance they perceive as necessary.

E) Education of Senior Citizens and their Participation in Education and other enterprises satisfying to them

- 1) Determine the extent to which senior citizens are being used to contribute to various aspects of education and foster their further appropriate participation.
- 2) Explore further programmes designed specifically for seniors, their effectiveness and their needed extension or diversification. In particular, determine geographic areas where these services are not available, e.g. "prepacked" programmes for outlying areas.
- 3) Provide assistance to all other Committees within Council in the educational aspects of their various pursuits.
- 4) Direct emphasis and take specific measures to foster the concept that seniors "need to be needed" and encouraged to make valuable potential contribution to their immediate community and region, as well as the total province.

F) Education of Workers with Elderly – Initial and Continuing

- 1) Explore further the education of professionals, para-professionals (employed and voluntary) who work with the elderly in any capacity, with particular emphasis on their effectiveness of performance, and needed changes in initial and/or aging preparation.
- 2) Determine "untapped human resources" for contribution to the health and welfare of senior citizens and how they may well encourage and prepare to make that contribution.

G) Education of Teachers

- 1) Explore the adequacy of teacher preparation, in the area of education for the aged and aging, discuss with representatives in the teacher preparatory programmes how such preparation may be enriched, where and if necessary.

H) Citizens Advocacy

- 1) Explore this new concept of a person helping other persons directly and acting on his/her behalf with other appropriate Committees of Council, ascertain examples of where it is being used effectively in the province and encourage its extension.

I) Library Services

- 1) Explore further the adequacy of library services for senior citizens throughout the province with the particular assistance of the Ontario Library Association, local library boards and librarians.
- 2) Determine areas in the province where such services may be lacking or inadequate and how these omissions or inadequacies may be overcome.
- 3) Explore ways in which libraries may be used to a greater extent to disseminate information on aging and the aged.

J) Council on Senior Citizens or “Operation Giving”

- 1) Review the original proposal for this project, give careful consideration to factors identified or necessary to its implementation, explore with Council, if appropriate, the development of the pilot project proposed.

K) Education of the General Public

- 1) Co-operate with other Council Committees on the integral education components of their various projects.
- 2) Determine and implement specific public education relevant to the aged and the aging process.
- 3) Foster positive attitudes toward the aged among the general public through every means possible.

CONCLUDING STATEMENT

The Convenor wishes to express her sincere appreciation of the co-operation and contribution of Committee members. These include: Mr. Wilson Abernethy, in the early months of operation, and Mrs. Rosemary Miller, throughout. Deep gratitude is expressed to the Chairman of Council, Miss Hope Holmsted, and her associates in the office of the Advisory Council on Senior Citizens for their unfailing interest in Committee activities, wise counselling and facilitation of progress toward the achievement of the committee’s goals.

Committee:

- Dr. Amy Griffin – Convenor
- Mrs. Rosemary Miller – Member

Media and Communications

The need for improved communications with seniors has become evident as we have met with them and listened to their problems. Many don't know about many of the benefits the government has already made available to them. They don't know where to turn for help in times of crisis. Many are living isolated and drab lives, unaware of recreational, social and educational opportunities right around the corner.

How best to communicate with seniors was our first question, whether in Kingston or Kapuskasing, Windsor, or Fenlon Falls. Radio is good. The recent Media Survey shows that seniors listen a good deal to radio. But it can happen that pace is too fast – and voice disappears before the message is clearly understood. Television is better. You have the eyegate as well as the eargate, and many seniors watch television. But to really get a message across, one that can be referred to, read and reread, you can't beat the printed page.

And so our Newsletter was born, "Especially for Seniors" — an eight-page tabloid to be produced quarterly for one year. At the end of that period there would be an evaluation to see if we have achieved our objective: to enable the Ontario Advisory Council on Seniors to reach, inform and obtain feedback from the senior citizens of Ontario. It will be directly mailed to our 670,000 seniors with larger, well-spaced type, and written in a straight-forward manner. In our first issue we'll be telling about the work of the Advisory Council, with a feature story of one of the many fine volunteer organizations our seniors are involved in. There'll be shopping tips and grooming tips: a How to Beat the Rackets Column. There'll be How-to-Help — how to organize a Meals-on-Wheels in their community, or a senior citizen centre, how to get legal aid and financial counselling; how to keep fit and alert. There'll be a bargain barrel of goodies — free movies, travel specials. In short, it will be a round-up of exciting things going on around the province for seniors and with seniors, plus any government information pertinent to them.

But we are also anxious to improve the image of seniors, and we have been studying just how seniors are being portrayed in television and films today. What can we plan for tomorrow? So there have been viewings of CBC specials and Ontario Educational Television films and some retirement features produced by private

industry. As well we have studied video tapes produced by seniors themselves with portapak equipment.

We have met with the Media Council and OECA personnel and the communications officers of various ministries concerned with delivery of services to seniors.

The problem, as we see it, is distribution, or how to get exposure for any films we hopefully will have a share in producing. Video taping is certainly less costly. Yet who in the senior sector has access to video tape equipment for playback? Undoubtedly this is the ideal medium for the first film we would like produced showing the involvement of school children with seniors, because almost every school has video, and this would be aimed at the teaching staff.

Some video tapes can be used on cable, but again, how many seniors are able to watch cable TV? 16 mm film is certainly the most versatile for use on TV or circulation to libraries. OECA certainly has the expertise to develop any film we could dream up — documentary or short, simple How-tos or philosophical attitude-changers.

So what we see is OECA using their splendid facilities and staff to do:

- a) video tapes for use with some cable companies, schools and industry.
- b) 16 mm film to cover the broader spectrum.

Working with other Advisory Councils we are plugging into existing programmes on Channel 19, the talk shows, open line shows, the Ontario Scene series and Living History features. We will be stressing the wide age span occurring today in the retirement years, actually a three-generation gap; the young-old, the middle-old, and the old-old. As well as with OECA we are working in close liaison with existing groups such as the Media Council and the Communications people within the Ontario Government.

Mrs. Lois Neely

Contacts

The Council is indebted to many individuals, groups and agencies for their assistance and advice. We cannot list everybody, the following list is just an indication:

Ambulance Services
Metropolitan Toronto

Associated Nursing Homes of Ontario

Associated Senior Executives
of Canada Ltd.

Association of Dentistry
Geriatric Dentistry Committee

Baycrest Hospital and
Home for the Aged

Borough of North York
Community Organization

Canadian Council on
Social Development

Canadian Labour Congress

Canadian Legion, Toronto

Canadian National Institute
for the Blind

Central Mortgage and Housing Corporation

City of Toronto
Department of Public Health Nursing

Cobourg Ecumenical Committee

Communications Association

Dominion Command, Ottawa

Fanshawe College of Applied
Arts and Technology:
Community Services Department
School of Nursing, Victoria Campus

Federal Department of National
Health and Welfare

George Brown College of Applied
Arts and Technology

Humber College of Applied
Arts and Technology

Kiwanis Club, Metropolitan Toronto

Lions Club International

Metropolitan Toronto Housing Company

Ministry of Housing

National Council on Aging
Washington

Ontario Association Homes for the Aged

Ontario Blue Cross

Ontario College of Pharmacy

Ontario Educational Communications
Authority

Ontario Housing Corporation

Ontario Institute on Studies
in Education

Ontario Library Association

Ontario Medical Association

Ontario Ministry of Colleges and Universities
Cultural Affairs Division

Ontario Ministry of Community and Social
Services

Senior Citizens Bureau
Income Security Division
Homemakers and Nurses Services
Research and Planning Branch
Communications Branch

Ontario Ministry of Education
Curriculum Division

Ontario Ministry of Government Services

Ontario Ministry of Health
Allied Health Disciplines Branch

Ontario Ministry of Revenue

Ontario Ministry of Treasury, Economics
and Inter-Governmental Affairs

Ontario Podiatry Association

Ontario Teachers Federation

Ontario Welfare Council

Pensioners Concerned, Inc.

Port Colborne Social and Recreation Centre for
Senior Citizens

Registered Nursing Assistant Program
London, Ontario

Rotary International

Ryerson Polytechnical Institute
Social Services Department

Senior Citizens Centres Association
of Ontario

Senior Volunteers in Public Service

Simpsons-Sears
Personnel Department

Social Planning Council
Metropolitan Toronto

Toronto Western Hospital

Trent University
Senior Students Council

United Senior Citizens Organization

University of Calgary
Department of Psychology

University of Western Ontario:
Faculty of Nursing
Department of Psychology

Victorian Order of Nurses

Visiting Homemakers Association

West Toronto Senior
Citizens Services, Inc.

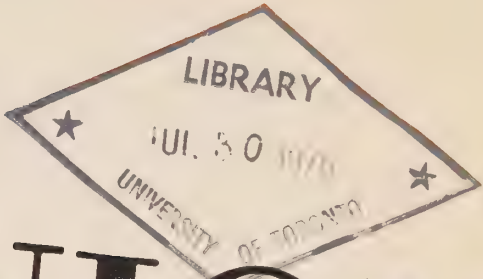
Cover photographs by M. Giovinazzo depict Mr. Tom Hawkins and his grand-daughter Gillian.
Mr. Hawkins produces leather frames - a beautiful, precise and unique trade he practises.



Ontario

CA2 QNSD 715
- A56

Annual Report of the
Ontario Advisory Council
on Senior Citizens
1975/76



Specially for
SENIORS

... available
... more people

*Here Are Ten Commandments
Of Human Relations*

(From *Senatus*, published
quarterly by the South African
Council for the Aged, June,

1. Speak to people. There is nothing as nice as a cheerful word of greeting.
2. Smile at people. It takes 72 muscles to frown, only four to smile.
3. Call people by name. The sweetest music to...

the On- out automatically DO NOT apply
... its if you:
1) Receive an Old Age Secur-

**SUGGESTIONS FROM YOU
FOR US AND FOR OTHERS**

In the influx of letters which
came in before the mail strike
there were many, many excellent
suggestions for this newspaper,
or improved legislation and just
help for other seniors. It is clear-
ly impossible to print them all,

SPOUSE. Why is it that word
has to be ... Can we not be
addressed

"Recog
number
seniors. I
in your r

BEATING THE RACKETS

BEWARE THE ROOF-SPRAYER!

One of the newer ways of cheating older people out of their money
by selling them ... f-spraying jobs, which these crooks say will
... the ...

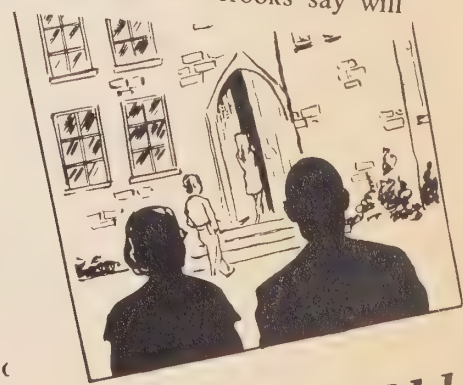
VELY PLACE

activities preventive connecti
hooking

T ON WHAT YOU READ, SEE AND HEAR

There are more than 250
adults now who are monitoring
the media to assess exactly what
is being produced.

and preference of senior adults.
Among the other of the seven
objectives is the hope of involving
senior adults to a greater extent
in the communications media.
Please let CASA hear from
you if you are interested in par-
ticipating



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of
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help,
ss is
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or St.

heads to help your feet

Never Too Old
For Learning

CAZØNSD 715

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**Annual Report
of the Ontario Advisory Council on
Senior Citizens 1975/76**

Government
Publications

Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch



Dear Mrs. Birch:

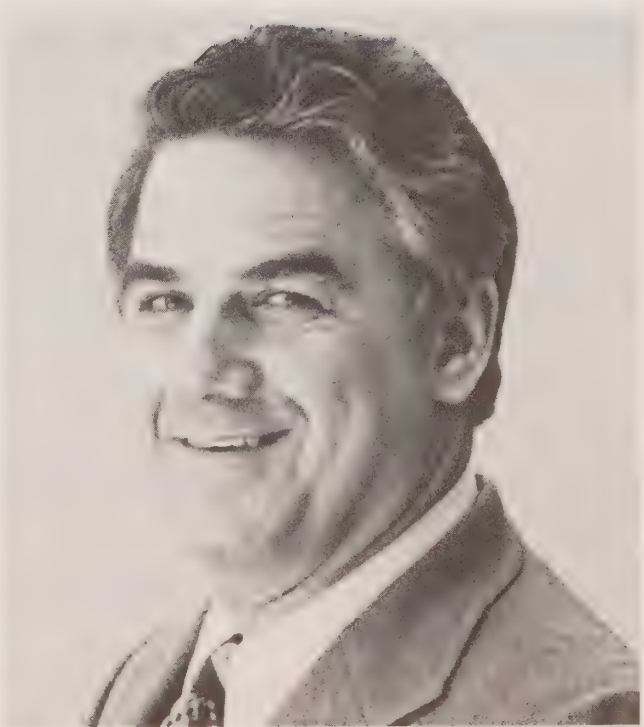
It is with great pleasure that we present to you the second Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1976.

Sincerely,



Hope Holmested

Holmested, Hope, Chairman



David Rudy

Rudy, David, Vice-Chairman

Council Members

Holmested, Hope, Chairman	Richmond Hill
Rudy, David, Vice-Chairman	Cambridge-Preston
Abernethy, Wilson	Toronto
Bassman, George	Toronto
Clare, James	Toronto
Corbett, Mary	Cobourg
Corrigan, Anthony	London
Girouard, Rosanette	Moonbeam
Griffin, Amy	London
Johnston, W. Erskine	Carp
Knights, Dorothea	Windsor
Lerette, Jack	Toronto
MacPherson, Melvin	St. Catharines
Mantle, Sister Audrey (Consultant)	Cornwall
Miller, Rosemary (Resigned)	Unionville
Monson, Rabbi David (on leave of absence)	Toronto
Neely, Lois	Markham
Penfold, Corabel	Toronto
Rocheftort, Adrienne	North Bay

Human Resources Committee

George Bassman
Rosannette Girouard
Dorothea Knights
Wilson Abernethy
Mary Corbett



Income Maintenance Committee

James Clare
Jack Lerette
Corabel Penfold
W. Erskine Johnston
Melvin MacPherson



Health Committee

Amy Griffin
Anthony Corrigan
Sister Audrey Mantle



Housing Committee

David Rudy
Lois Neely



Staff

Elizabeth Szalowski
Council's Executive Officer

Don MacGillivray
*Council's Administrative
Officer*

John Nywening
*Program Coordinator
Secretariat for Social
Development*



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Council Meeting



Aging is Ageless

Age is what we are and what we are not.

It's what we see in ourselves and what we think of and about ourselves.

It's what others see in us and what they think we should or shouldn't be.

It's a matter of individual perception, a matter of choice, a matter that changes with the times, with our relationships with other people, with circumstances. But most of all, aging is up to Us.

While I write this I am in reality aging – every minute counts . . . Do you count time or do you count your thoughts, your deeds, your happiness and your misfortunes, your selfishness, apathy or love for others, including yourself?

We were brought up to be afraid of some things – and one of them is aging. Why? We can go through life – and, hopefully, not just walk through it, but live through every emotion, cope with situations, fight back – win or lose – and still be an integral part of life, whether we are nine years old or ninety-nine.

A sensitive, compassionate and wrinkled face is often much more fun than a smooth and bored look. A shakey hand or walk is the same as a baby's creeping attempts. Both reach out to others, to become part of a total – the very young and the not so young.

The very young are considered to be amusing. They try to walk and talk and make sense. They are almost toys we invented. The old ones also do try to talk, walk and make sense. Why don't we listen?

These are the attitudes and images that need changing – the change involves us all.

An image is something that is not real. We imagine it and it becomes a reality. Even with physical frailties, which we admire in children but not in old people, we can all be equal partners in the total life pattern. The amusing children, the searching adolescents, the active middle-aged, and the serene old – all have equal rights and all have unique contributions.

Chairman's Remarks

The Ontario Advisory Council on Senior Citizens became two years old in April of 1976. During its second year of work it underwent some changes in focus and in the methods of operation.

Task Groups were formed to work independently on special projects. After a while we realized that there was great strength in shared thinking and committees were resurrected. However, the Task Groups became an integral part of our work pattern as they proved to be an excellent way of looking into specific areas of concern, following up and reaffirming recommendations not yet implemented.

The past year also saw a change in our goals. Instead of our previous efforts to submit recommendations on all fronts, we began dealing with major issues – with concerns where quick action could be taken and with problems that could be solved within the existing public and private services sectors and not necessarily requiring additional large financial expenditures.

We concentrated on finding effective ways of improving the quality of services across the province. This in turn led us to our particular concerns about educational opportunities at all levels, about the types of services in senior citizens centres and clubs. After looking at these issues we then searched for ways and methods to encourage growth in these areas.

The recognition, acceptance and utilization of older people's skills, experiences and leadership abilities was one of our major tasks. We also recognized the great need for programs designed to prepare Ontario residents – young, and old – for life in later years, or what sometimes is termed as a "third stage" of living.

Finances play an important part in our lives. Here the Council prepared a discussion paper outlining more equitable use and distribution of resources and income. In addition research was done on the seniors rights to work, and whether it was desirable to create opportunities and encourage employment of older people.

People's attitudes towards themselves when becoming older, people's attitudes towards others who are older, attitudes of communities towards the elderly were of great concern to the Council. Many of these attitudes require change – in the media area, in the concept of services and in individual understanding and acceptance of aging.

Perhaps the greatest achievement for older people has been the birth of the Council's newsletter, "Especially for Seniors." The eight-page tabloid is published four times a year. It provides and shares information on a great variety of subjects, just to name a few: descriptions of services of public and private agencies; sketches on older people and the many ways they are contributing to society;

contributions from our readers who offer suggestions, share their experiences, ask questions, pose problems, and in every way help us with their knowledge and wisdom. Thousands of letters have poured in and have built a bridge between the older people and the Council. Aside from the rapport and warmth the letters are one of the most important ways in assisting the Council to be an objective and knowledgeable body and help in implementing the Council's responsibility as a spokesman on behalf of the older people to the Government of Ontario.

We wish to express our deep appreciation to the Honourable Margaret Birch for her interest, her concern and her real desire to assist seniors in every way possible, as well as for the prompt attention given to the Council's recommendations.

Our thanks are earned by so many people – the staff of the Secretariat for Social Development, the staff of various Ontario Government Ministries and private individuals in the community and organizations who attended Council meetings or worked with our committees or members.

Our basic goal, as set out in our first Annual Report 1974/75 remains the same:

To help create a Province in which it is possible to grow old with dignity and a sense of usefulness, to have a choice of one's own destiny, and where people have concern for the other and rejection is no longer acceptable.

The Council realizes that this basic goal will require a greater understanding, determination, dedication and considerable effort by people of all ages.

The Council, all of those who work with us and an increasing number of people realize and recognize the fact that the overwhelming majority of senior citizens have NOT outlived their value and their ability to actively contribute to our society. Senior citizens want and deserve something better than an uneventful retirement – they are an integral part and participating members of our total community in this province.



Income Maintenance Committee

The mandate of the Income Maintenance Committee can be described best by one single word – finance. All of us have to face daily needs of living. While the needs differ the basics are always the same – shelter, food and clothing.

You are familiar with the sayings – no man is an island – you are your brother's keeper. No truer words were ever spoken. Based on these wise words our Committee's overall goals are – Interdependence, Independence and Responsibility.

Today's seniors do not ask for or expect the best of two worlds. We, the elderly, have not lived our years in a dream world. Restraint, self-discipline and responsibility were our daily diet and our aims were to work together for the good of the people and our country.

With age we have acquired and exercised patience but at the same time we also developed a sense of fairness.

During the second year of the Committee's work the main emphasis was placed on fairness. We listened to people's financial problems, weighed them in the light of present situations, researched them in depth and looked for solutions and alternatives within the public and private sectors in order to secure better and more meaningful life for the "sixty-five plus" segment of our society.

How did the Committee do this work? In many ways and with the help of many people – senior citizens, government and private agencies. The Committee also received tremendous assistance from the total Council membership – every recommendation, decision and paper was thoroughly discussed with the members until a consensus was reached.

There were a number of facets in our endeavours and these fall under separate, though inter-related categories:

T4 Slips for OAS/GIS/GAINS

It was recommended that the Federal Government send a T4 form to all seniors each year, starting with 1975, showing the total amount paid out for OAS and the GIS, and that the Ontario Government do likewise re GAINS.

This was based on the realization that in view of periodic changes many seniors have a difficult time keeping track of their total yearly income. We realize that this would only assist a minority group, for example, when a senior is dependent on a tax-paying daughter or son.

Compulsory Retirement at Age 65

Right? Wrong? To obtain a well researched view on this important question a study was commissioned from the Environics Research Group Limited. Their contribution was most helpful in providing us with an excellent overview of opinions

on the subject. However, search as they might, they could not find any evidence to back up those opinions, and thus our Council needs to look further for itself into this most important matter. A précis of the study is appended to our Committee's report (see page 00).

Discussion Paper

Our main task and effort was the preparation of a Discussion Paper on Income of Senior Citizens.

In comparison with the past the current income maintenance system for senior citizens in Ontario is in some respect a great improvement. For one thing it is now more generously financed by younger taxpayers. However, we find that the system falls short of making the most of the money that is available.

The following are the areas of concern we dealt with in the Discussion Paper:

Fairness:

Certain groups at a given income level should not be provided with more subsidies than others at the same level; and likewise the taxation of income should be sensible, with lower incomes taxed at lesser rates than higher incomes. There should be fair play between all senior citizens concerning both subsidies and taxation.

If a number of senior citizen married couples have the same incomes, they should all pay the same taxes and all receive the same subsidies, right across the board. Similarly, if a number of single senior citizens have equal incomes, they should all pay the same taxes and all receive the same subsidies, right across the board. By working and saving more, one person may have more gross income than another; if so, then the person with more gross income should also have more net income to spend than the other one.

Self-Help:

There should be real rewards for senior citizens who wish to work and save. If any senior citizen works or saves, then as a direct result he or she should be able to spend more, in the same way that a younger person who works or saves can spend more. Also, senior citizens now in adequate living accommodation of their own should be able to stay there for as long as possible, without being shifted into public housing merely in order to have their incomes subsidized.

Satisfaction:

Every senior citizen should be able to take part in the life of Ontario, with a minimum net income that affords substantial freedom of choice in deciding how to live.

Society as a Whole:

Senior citizens depend on the rest of society, but also they have both a right and a responsibility to

contribute to the whole of society. Income maintenance for senior citizens should not hurt – but should support – anti-inflation measures, efforts to contain levels of taxation, and a thriving economy that provides employment opportunities for all.

The System:

The income maintenance system for senior citizens should be effective, efficient and humane. The system needs to be simplified, so that details of eligibility for benefits can be readily understood and easily communicated. All those eligible for benefits should receive them. Needless red tape and hassles should disappear. The system should not be conducive to senior citizens cheating; should not discourage them from working and saving; and should not diminish their dignity.

Summary:

In essence, there should be:

- 1) fairness for ALL senior citizens
- 2) rewards for ALL senior citizens who work and save
- 3) adequate incomes
- 4) a good relationship with society as a whole
- 5) a system that is easy to understand and to deal with.

These are the basic questions raised in the Discussion Paper and we believe that they are the means to the all-important end of an even better life for the elderly in Ontario.

The Committee is indebted to the Council – its Chairman, members and staff – and to the many others inside and outside Queen’s Park who have helped so much. The Discussion Paper has been submitted to the Honourable Margaret Birch and we are looking forward to its future assessment and results.

Future Projections

The Committee has now embarked on another complex and immediate concern – the present situation and the future of coverage under employee’s pension plans. It is our intention to look into private pension plans and related measures (e.g. Registered Retirement Savings Plans), benefits and inequities, non-portability, vesting, company closing, bankruptcy, etc., just to name a few areas. We cannot do it alone – we shall ask for and depend on help from many – and we will do our utmost to clarify the situation and possibly come up with some mutually agreeable recommendations for the future.

Committee:

Mr. James L. Clare, Convenor
Mr. W. Erskine Johnston, Member
Mr. Jack Lerette, Member
Mr. Melvin MacPherson, Member
Mrs. Corabel Penfold, Member
Rabbi David Monson, Member
(on leave of absence)

A Précis of Report

This study, completed in July 1975, was conducted by the Environics Research Group Limited, Toronto, and was commissioned by the Ontario Advisory Council on Senior Citizens. The mandate was to prepare a comprehensive account of the full range of opinion (together with supporting evidence, if any) on the following questions:

- 1) At what age (65 or other) is it “best” for all concerned, at all ages, to begin government income maintenance payments to senior citizens – such as Old Age Security, Guaranteed Income Supplement, GAINS (Ontario’s Guaranteed Annual Income System), Canada Pension Plan retirement pensions, Ontario “tax credits” for the elderly, etc.?
- 2) “Compulsory retirement” is currently outlawed at all human ages below 65, in Ontario, by Human Rights Legislation. Is this the “best” age for all concerned, at all ages? If not, what other age would be “best”? Or, should “compulsory retirement” be outlawed at all ages, provided both (a) the individual wishes to work, and (b) he or she can do so productively and profitably?
- 3) If people work more and retire less, does this result in more unemployment – or less unemployment – for younger people, (a) over the short-term, and (b) over the long-term? And, vice versa, if people work less and retire more, does this result in less unemployment – or more unemployment – for younger people, (a) over the short-term, and (b) over the long-term?

Methodology included: newspaper search; literature review (both Canadian and foreign); interviews with thirty resource persons from management, labour, government, senior citizens and social agencies. The bibliography, containing ninety-four items, indicates the scope of the library research. The anonymity of individuals interviewed was safeguarded in the report by referring only to the agency or sector (government, business, labour, etc.) with which they are associated.

The authors make no pretense of having drawn conclusions, only to have gathered opinions and evidence. Very early in the investigation the scope and complexity of the topic became abundantly evident. The report succeeds in “illuminating the problem in all its many dimensions” and makes crystal clear the issues involved with an insightful indication of the many ramifications which various solutions pose.

The findings are preceded by a comprehensive yet succinct overview. The two main sections of the report are: Retirement, and Income Maintenance. In the section on Retirement, the issue of compulsory retirement is viewed from the standpoint of

the individual and the employers and unions. The section on Income Maintenance addresses the questions of: the timing of income maintenance programs, the economic effects, society’s priorities with special consideration given to the concept of leisure redistribution.

The introduction to the section on Retirement explores the following key concepts: rigidity and flexibility of retirement policies; early retirement; voluntary vs. involuntary retirement; major patterns of retirement (premature, compulsory at the “65 threshold,” delayed, flexible); major influencing factors (health hazards, income, company policy); residual influencing factors (the employee’s perception of his own productivity, attitudes toward work and leisure, job satisfaction/dissatisfaction).

Addressing the question of retirement and the individual, these issues are faced: correlation between any one person’s functional ability and his chronological age, the potential unnecessary financial and psychological hardships for the displaced worker. The report indicates that “it is obvious and inevitable that compulsory retirement at any age will benefit some and harm others,” and that there would seem to be obvious benefits for the elderly workers as a whole to replace a rigid retirement system with a more flexible one.

Looking at compulsory retirement from the standpoint of employers and unions, the report explores below the surface of the altruism of the proponents of retirement at an earlier age, with improved income support and discerns potential alternate concerns, i.e., creation of promotional opportunities for younger job holders and reduction of the general burden of unemployment. From the employer’s standpoint it appears that retirement at a specific age may be, more than anything else, a policy of convenience, eliminating the necessity of having to pass judgment on the individual employee. The concluding statement in this section indicates that to the extent that employers and unions “support a greater degree of flexibility it is in a downward direction, providing the option to retire at an even earlier age. Providing the option to continue at a later age, while it may benefit some, is an offer not likely to be made by either management or labour.”

Discussion of Income-Maintenance commences appropriately by bringing a beacon light to bear on the central issue, i.e., the responsibility of the individual to prepare for his own retirement and the responsibility of the state to ensure the well-being of its senior population. Relevant to this issue, Hon. Marc Lalonde coined the phrase ‘independence and interdependence.’ To achieve a balance between these forms the core of the problem is in government policy.

The sub-section on Employment explores in depth the many facets of the desirability and feasibility

of maintaining elderly persons in the work force. It takes into account: attitudes of the elderly toward part-time work vs. absolute retirement; the proportion of the elderly whose health would permit employment; the relationship between age and productivity, adaptation to new skills, acquirement of new knowledge; the value judgement inherent in the assumption that younger members of our society enjoy a prior right to work; legislative support of this assumption; potential gradual withdrawal from the work force through job adaptation and part-time employment; job-retraining programs; sheltered workshops; second or third careers. One sentence in this section, quoting Peter Townsend, stands out boldly:

If social or human arguments favour, as I believe they do, a greater measure of occupational integration of the aged, then we require no less than a revolution in current industrial policies.

The introduction to the sub-section on Income-Maintenance pinpoints the key issue as this: "Can the individual be expected independently to provide for his own retirement without being protected against the threat of inflation, and, if not, can that protection be given without depending on government to the extent that the individual is relieved of any effective responsibility?" Many contingent considerations are discussed: better regulation by government of private pensions; the influence of the state of the economy on the vulnerability of private pensions; the three general levels of income maintenance that the state can provide (guarantees to seniors of means necessary to meet the cost of living, reduction of the disparity between pre-retirement and retirement income, permission of seniors to share in the nation's economic growth); the specific involvement of federal and provincial governments in these three general levels of income maintenance; the relative success of such involvement; the difficulty in defining an "essential" level of income. Basic to all the foregoing are the realities of the economic state of the country, what is feasible even if desirable, and the potential for reaching a consensus on what is optimally desirable. The subsequent sub-section of the report, titled "The Timing of Income Maintenance Programmes" encapsulates these considerations by raising the issue as to "whether there is a threshold in the 'dependency ratio' beyond which the nation simply cannot pass." Not only must the amount of government financial investment be determined but its distribution among the many "deprived" segments of society. The other side of the coin is the consequent burden placed on the working population.

The report identifies the more obvious issues in the broad economic effects resultant from any change in retirement and income maintenance policies. Understanding the present economic state presents sufficient hazards; very divergent viewpoints are held relative to future economic expansion, and increased productivity. Yet only from these can direction be gained with regard to the encouragement or discouragement of increasing or decreasing the retirement age, and the pro-

motion or prevention of flexible retirement policies. The writers strongly admonish those faced with present and future discussion of the issues particularly to envisage the ultimate consequences of the state becoming the primary source of investment income.

The concluding section of the report deals with society's priorities in determining what is "best for all concerned." This has implicit implications for "ascribing relative weights and values to varying interests and needs and establishing a scale of priorities." Through the posing of questions, the report reiterates, at this point, many of the issues discussed previously. One final question is raised, "Should one ignore the chronological determinant and satisfy needs as they arise, regardless of age?" Answers to this question could lead to a much more drastic realignment of social priorities in a general redistribution of work and leisure throughout the age spectrum. Final discussion in the report explores some explicit ramifications of this concept including: ways in which such redistribution might transpire; a suggested pattern of work and leisure extending from age 22 to 65+; society's attitude toward work and, more specifically, toward income; the trend toward seeking more "meaningful" work and the question of whether many have taken the quantum leap toward finding fulfilment instead in leisure, even paid leisure.

This detailed précis of the report of this study on Income Maintenance and Retirement hopefully does justice to the caliber of the report and the worth of its contents. It is a report whose true value can only be realized through thorough reading, deep reflection on the many key issues it confronts, and an attempt to see its practical application in the formulation of relevant policies.

Amy Griffin, R.N., B.A., M.Sc.N., Ed.D.

Human Resources Committee

Human Resources as used in this context means those human characteristics of mind and spirit which are only possessed by human beings. It is that inner strength, desire to achieve, imagination, ingenuity, and all those indefinable qualities which are the real worth of an individual or country and upon which all scientific and material progress depends.

The Council is concerned that our society is being wasteful of a great portion of this human asset, as possessed by senior retired people. The neglect to use the knowledge and experience of senior people is a loss to society and is detrimental to the health of those individuals who are not using their talents. Our attempt to improve this situation falls well within the aims as set forth in the Order-in-Council which established this Council.

The Council is concerned about this wastefulness because of the changed situation which has occurred only recently in Canada and to a great extent throughout the world. For example, it is now realized that there are limits to our natural resources, to the rate of growth of our G.N.P., to the world population, to the world food supply, to the extent to which we can pollute our environment, all of which will force upon us other limitations. When it is now recognized, as it never was before, that we must conserve and use more efficiently our natural resources, it is even more important that we more fully use all our human resources.

Based on population statistics, it is forecast that by the year 2000 the senior age group in Canada will be approximately 20% of the total population. It does not seem logical or desirable, nor at that time will it be acceptable, that this large percentage of the population will be supported adequately without making a substantial contribution to the general welfare. The Council believes a greater effort should be made now by all age groups to use more fully the human resources of retired people before the situation becomes critical.

Again, at this time when our social, economic and whole life style is being questioned, the mature judgment, experience in living and, it is hoped, some of the wisdom of seniors are needed to help solve many of today's problems. However, there is a reluctance on the part of older people to offer and the younger age group seldom ask.

The current situation where our governments are seriously trying to live within their incomes is having and will continue to have an effect on the extent and quality of the services which will be given. It would, therefore, seem that if our overall quality of life is to be maintained, the voluntary services of those living on investment income, pensions or government subsidized income will have to be greatly increased. This is an area where those human characteristics which have always met the challenges in the past can, we believe, again rise

to overcome the difficulties ahead. It is expedient that plans now be made to provide opportunities which will permit a much fuller use of those human resources which this country possesses and without which its future well-being is in jeopardy.

Methodology

The Human Resources Committee continued to speak to groups and organizations to emphasize the importance of senior people and the need to more fully use their talents. It has, during the past year, undertaken to have this concept introduced into pre-retirement programs.

The need for this approach became apparent when we consulted with people responsible for counselling those about to retire in labour organizations, in some of the larger private corporations and in the various ministries of the provincial government. We found that, although often excellent guidance was given in the obvious basic subjects such as health, housing and finance, etc., they failed completely in dealing with the responsibilities and opportunities to continue to employ those human resources possessed, in some degree, by every human being. Our findings also showed that it would be more economical to create an all encompassing plan, on paper, by one organization. Such a plan could then be made available, in whole or in part, to any particular group in the public or private sector. (See resolutions covering this subject.)

To illustrate the possibility of using to better advantage the human resources in a community, a pilot project was completed of compiling an inventory of the talents of each senior individual in one small community. The fact that formerly unknown talents were revealed and became known to all resulted in new community activities to the mutual benefit of all concerned. This pilot project could well serve as an example to be followed in other parts of the province.

The commitment and energy of one member of this committee, active in her own town, brought to light the large number of retired people, revealed needs and opened up formerly not recognized opportunities to serve. It resulted in creating a new spirit of co-operation not only among the senior age group, but also by their action they have established themselves as a valued asset serving the whole community. This again illustrates the resources available in the older people of our society who can contribute substantially to the general good of the community in which they live.

Other areas where the concept of using more fully the human resources of senior people has been advanced was in a seminar sponsored by the University of Toronto Department of Alumni Affairs titled "Opportunities for Leadership and Participation in Retirement." One result of this seminar

is the setting up of a talent bank of senior university graduates. Also, in a seminar sponsored by the Association of Personnel Managers, the need to counsel those retiring from management positions to continue to act in a leadership capacity in retirement was strongly urged.

Recommendations

The committee realizes that public opinion cannot be changed quickly or by legislation. To adapt from an era where we were wasteful of our resources to one where we must accept limitations and use more efficiently those we possess, physical and human, calls for a major readjustment. To accelerate this process of readjustment, as it pertains to a fuller use of the human resources of senior people, the committee believes pre-retirement planning would be very helpful. Such planning must cover the needs, opportunities and responsibilities of the whole person not just the physical requirements. As the Ontario Government employs more people in this province than any other single organization, we have put forward the following recommendations:

WHEREAS at present some Ontario Government ministries give varied and incomplete pre-retirement courses and some have no courses at all; and in order to avoid duplication of effort, extra expense in time and money therefore, the Ontario Advisory Council on Senior Citizens recommends that:

The Civil Service Commission of Ontario be authorized to prepare an all-embracing pre-retirement program to be completed within one year and that knowledgeable people from various ministries, from the private sector and seniors be requested to assist
and
that representatives from the Ontario Advisory Council on Senior Citizens be appointed to assist where possible and report back regularly on progress.

Following the above recommendation, a position paper was prepared describing the present situation and outlining various methods of dealing with this issue. In summary, the Human Resources Committee feels that steps should be taken as soon as possible to designate a committee, most suitably within the Civil Service Commission, to formulate a pre-retirement planning program. The preparation of a pre-retirement plan as envisaged does not require a great deal of original work. There is a reservoir of excellent material now in use which can be assembled without changing the content. The program in its finished form would constitute a course and outline of action on paper for personnel departments in government and in the private sector. Once again, the cost of such a program in the committee's opinion would be negligible, while the benefits of such a scheme could provide future savings not only economically but in the

mental and physical well-being of Ontario's citizens.

In conclusion, to ensure the program's viability, periodical updating and evaluation would be necessary in view of ever changing conditions.

- (a) Pre-retirement planning programs both in the private and government spheres are at present either non-existent or fragmented.
- (b) Existing pre-retirement programs lack flexibility in suiting the needs of the groups they are attempting to reach.
- (c) To our knowledge, no pre-retirement programs contain the elements of leadership motivation and citizen responsibility.
- (d) A pre-retirement planning program could be organized centrally through the Civil Service Commission.
- (e) Such a program would be prepared on paper and be made available to government and private agencies and have the advantage of being portable.
- (f) The continuity of a pre-retirement planning program if it is to remain viable would require periodical updating and evaluation.

Plans for the Future

The committee has identified a number of issues requiring attention and further work:

- 1a) Assemble statistics which indicate the distribution and number of various age groups in the future;
- 1b) Assemble statistics on the percentage of the G.N.P. required to maintain those in retirement at varying ages;
- 2) Investigate a practical method of compiling human resources talent banks in communities across the province;
- 3) Co-operate in the preparation of programs of Planning for Retirement;
- 4) Further promote the development and creation of opportunities for self-help for the aged and review current policies which apply to services, needs and aspirations of the aged;
- 5) Take every opportunity, privately and publicly, to point out the need to use more fully the human resources of our entire population. Retired people have a need to give and the country has a need to be filled.

To sum up our report, we would like to reiterate and to comment on the three major concerns we feel are of great importance to all people and especially to those nearing retirement and those already in retirement.

Planning for Retirement

The extraordinary concern about planning for retirement which has occurred in recent years is in great measure due to an over-emphasis in former years on objectives which have failed to provide those satisfactions expected in later years.

Planning for retirement really starts on the day of birth and those attitudes to life, habits of behaviour and standards of performance form a life style which it is near impossible to change in the last few years before retirement. Canadian society has become an affluent society and for various reasons the state has taken over many of those responsibilities which were formerly carried by the individual.

“A man is the sum of his responsibilities, take these away and you diminish the man” expresses a basic truth about every human being. It would seem that we should now recognize, to a much greater degree, the need of each person to have responsibilities and in planning for retirement aim to have each retiree continue to assume those responsibilities in line with their capability. There is much evidence that our past over-ruling objectives of an ever better material standard of living have not produced the satisfaction expected. It would, therefore, seem that present plans for retirement should cover all aspects of life, physical, mental and spiritual, thereby offering the opportunity for a full life for the entire life span.

Planning for Leisure

This subject involves trying to define the meaning of the term leisure and attempting to understand its importance in our lives.

There has been much said and much written about what leisure is, and although there is a basic understanding that leisure implies an attitude of non-activity, of inward calm, of silence, it means not being busy but letting things happen. Aristotle declared that a man cannot live a life of leisure insofar as he is a man, but only insofar as something divine dwells in him.

However, aside from the basic philosophy of leisure, there are probably as many interpretations as there are people. Leisure is an individual experience – it is often based on own personal enjoyment and preferences, tinted by cultural background, family traditions and religious beliefs. Leisure comes in many formats – being still, reading a book, making pottery, square dancing, or just plainly watching the clouds in the sky drifting along . . . to each his own choice.

One must conclude that to plan for leisure is not something to be undertaken just before retirement – it is an ingrained attitude to life which cannot be acquired in a few short courses.

Planning for Living

Life without a plan is just a vulnerable disaster as a ship at sea without a chart. You are going somewhere but you don’t know where. In your early life older people plan for you. As the years advance you take over – often before you have any plan for living – and in middle life the prudent person sets goals which, hopefully, will make the working years rewarding and at the same time set the stage for a happy and useful life in retirement.

In planning for living successfully, a common theme must prevail from early childhood to the final years of life. A recommended prevailing purpose can be summed up in these words: “Earn the right to be listened to.” In these times when it is fashionable to demand rights for every conceivable purpose it is a little sobering to suggest that every right should be earned. To earn the right to be listened to involves having the self-discipline to learn the subject and how to present it, to have the judgment to choose the time and place to speak, to have an understanding of your audience, have self-control under criticism, and the moral strength to pursue a chosen course in the face of difficulties.

Planning for living is an ongoing process which requires a constant awareness of the real values of life.

Committee:

- Mr. Wilson W. Abernethy, Convenor
- Miss Mary Corbett, Member
- Mme. Rosannette Girouard, Member
- Mrs. Dorothea Knights, Member

Education Committee

Introduction

A statement of Council's Philosophy of Education and Goals appears at the end of this report. It will be noted that, while there has been some revision in wording, the intent contained therein remains essentially the same as in Council's first year of operation. This statement has proved particularly useful in Council's interpretation to significant individuals and groups.

With the reorganization of Council, a Task Group of one in Education replaced the Committee on Education and some areas of education which received beginning attention by the Education Committee during 1974-75 became the responsibility of other committees or task forces, e.g., education for retirement, education for the practice of Podiatry. The Task Group on Education has, therefore, concentrated this year primarily on three levels of education within the formal educational system. These include the Elementary and Secondary Schools and the Colleges of Applied Arts and Technology.

Methodology

Much work, by virtue of its nature, has necessarily been done on an individual basis. Council's education committee representative has also conferred with representatives from the Ministry of Colleges and Universities and the Ministry of Education. In many such contacts, the representative has been accompanied by Council's Chairman. In addition, the education representative attended, planned and/or participated in several workshops and conferences on aging sponsored by various organizations in the province. Appropriate Council members have provided consultation to various groups in their development of programs relevant to the aged and the aging process, e.g., Ryerson Polytechnical Institute, the Ontario Institute for Studies in Education, the George Brown College of Applied Arts and Technology. Council has maintained continuing representation on liaison or advisory committees in the ongoing implementation of these programs.

Recommendations Submitted or Action Taken

No new recommendations were submitted during this fiscal year to Council by the Task Group on Education. Rather, it seemed desirable to exert leadership in providing impetus and guidance for the implementation of previous recommendations. Specifically for Council, the following projects have been commenced or completed:

- 1) *Annotation of a bibliography on the Aged and the Aging Process. This was commenced in the summer of 1975 with the assistance of a native student. This assistance was obtained through arrangements with the Native Students' Resource Centre, The University of Western*

Ontario, for the support of summer students, financed by a special government grant.

- 2) *Compilation of resource materials (printed and audio-visual aids) on the Aged and the Aging process. Special attention is directed toward identifying materials with potential use in the kindergarten through Grade XIII and college levels of education.*
- 3) *Production of an audio-visual tape depicting a panel of senior citizens, as presented at the workshop titled "Aging vs. Despair," The University of Western Ontario, May 1975. Arrangement for the editing of this tape for more extensive non-broadcast educational purposes and its circulation by the Ontario Educational Communications Authority.*
- 4) *Conduct of a study of curricular offerings relevant to the Aged and Aging Process in the Colleges of Applied Arts and Technology.*
- 5) *Preparation of a questionnaire to elicit similar information from the Elementary and Secondary Schools.*
- 6) *Promotion of a Conference on the Aged and the Aging Process for personnel directly involved in the formal education system.*

Studies Prepared or Proposed

One study commenced in the 1974-75 fiscal year was completed, the initial work has been done on a second related study.

- 1) *Study Completed in Colleges of Applied Arts and Technology with Ensuing Developments*

The study which was commenced in March 1975 was completed in August 1975. The purpose of the study was to ascertain specific information about participation by the CAAT in education about the aged and the aging process, curricular offerings available to seniors, special provisions for senior citizens to facilitate their use of college offerings, the contribution of seniors to educational enterprises as teachers or counsellors, human and material resources relevant to this area of education.

Eighteen colleges responded, leaving only three areas in the province with no representation. Details of the findings are included in the full report which is on file in the Council's office. From the wealth of material submitted, the following general conclusions were drawn. Some of the colleges are extremely active in this area of education, several demonstrate outstanding innovation and keen awareness of community needs, and there is an almost uni-

versal recognition of the desirability of expansion and diversification of present relevant offerings.

Two recommendations only were posed in the study report. One identified further specific research which could be undertaken. The second proposed sharing of the report of the present study and the institution of measures to foster further education relevant to the aged and the aging process, the ensurance of particular provisions for seniors and the facilitation of their appropriate contribution to various educational enterprises. Specifically, provincial or regional workshops for educators were suggested and appropriate areas of content for programming were delineated. Much work has been done, in consultation with various key personnel, to explore the potentials for implementation of this second recommendation for personnel directly involved in education at the elementary, secondary and college level.

The final paragraph of the study report reads:

Most important of all is our sincere interest in providing educational opportunities through every avenue possible in our communities for our senior citizens, be it education for recreation, or education as recreation or as a serious pursuit. Our demonstrated confidence in our senior citizens, recognizing the inevitable limitations which aging poses for some, but not all, may be all that is necessary to provide the initial motivation for them to get started or to help sustain their interest in continuing. For them, education is one means of pushing back rapidly narrowing horizons and opening up a whole new world.

The complete report of the study was circulated to all Presidents of Colleges of Applied Arts and Technology in August 1975. It was discussed with Mr. N. Sisco, in the Ministry of Colleges and Universities, and with Mr. R. G. Rist in the Ministry of Education. Subsequent presentations of the report were made to the Committee of Presidents of the CAAT and the Superintendents of Curriculum Services in the Ministry of Education. At the time of this presentation, certain questions were circulated to the Superintendents of Curriculum Services, having a direct bearing on relevant education in kindergarten through Grade XIII. A copy of this list of questions appears at the end of this report. An article which drew on the findings of the study titled "Forget the Little Red School House – There is Something Better," appeared in one issue of *Especially for Seniors*.

2) Study Proposed in the Elementary and Secondary Schools

As indicated in the previous section of the report of this Task Group, serious consideration has been given to undertaking a study in grades kindergarten through XIII which would be somewhat similar to that completed in the Colleges of Applied Arts and Technology, but with a purpose more appropriate to education

at these levels. Education directed toward understanding the elderly and development of positive attitudes toward them (with provision for gaining first-hand knowledge) would take precedence over special curricular offerings for the elderly at these levels of education. Methodology to be used in the study would need to take into account the vast number of schools in the province, the wide age range of the students and the great diversity of programs offered. Work has commenced in development of a tool, plans have been made for its pre-testing, tentative decisions have been reached re sampling for the first stage of this project. The Ministry of Education has co-operated fully in discussions of this proposed study and has sanctioned it as a worthy undertaking of Council. It is anticipated that its eventual outcome may well be the devisement of curriculum guide(s) for the incorporation of suitable content in specified programs, courses or units of instruction at various levels of Elementary and Secondary education.

Projection for the Future

There will be continued work on projects already commenced, as noted in the foregoing. When reasonable progress has been achieved in these, it is anticipated that there will be a designed approach to two other fields of education: (1) the universities; (2) other institutions and groups within the community with existent or potential programs relevant to the aged and the aging process. Meanwhile, the Task Group on Education will continue to be involved in the educational aspects of many other considerations and projects of Council, where education is an important aspect, e.g., Education for Retirement, Home Helpers, Podiatrists, etc. One needs to see the direct relationship between initial preparation for participation in an occupation and maintenance and extension of competency on-the-job. If personnel in a host of occupations who render service to the elderly in their everyday living or in times of emergency or ill health are to provide a safe and personalized service, then education relevant to the elderly rightly invades an increasing number of educational fields. As citizens who "rub shoulders" with the elderly in a great variety of ways, we need to recognize that the human journey does not cease, for an increasing number, with the Middle Years. Action related to this fact must also ensure that senior citizens are not forced unduly into isolation from the mainstream of life. Taking all of this into consideration, the potential contribution and responsibility of the Task Group on Education for this Council have serious and almost limitless dimensions. Work must proceed one step at a time.

Amy Griffin, R.N., B.A., M.Sc.N., Ed.D.

Philosophy of Education and Recreation

Education is a life-long endeavor, equally vital to society and to the individual. It takes many forms, is acquired in many places and ways, and serves many purposes.

It may be undertaken as preparation for initial employment, for promotion or for a change of responsibility within some gainful endeavor. It may purposely or inadvertently lead to a new vocation or avocation on a paid or voluntary basis. Simultaneously, the goal of education may be that of self-development, self-enlightenment or self-enjoyment – all directed toward achieving a quality of living which is self-satisfying and self-giving. Hence the emphasis on combining liberal education with professional or technical education and with liberalizing the professional or technical content of a program.

Education is closely linked to recreation and may, at times, be undifferentiated from it. Hence the recognition of education for recreation and as recreation. Ours is a society which provides an unprecedented degree of leisure time during one's working years and many more years of potentially productive and enjoyable retirement. Education and recreation may thus be viewed as two sides of the same coin – preparing for economic security, encouraging self-fulfilment and self-renewal, engendering commitment to self-investment for the good of others. In these endeavors the individual must be accorded the privilege of much self-direction with concomitant assumption of self-motivation and self-sustained effort. Society's role is to assist each individual to recognize his unique potential and to provide a supporting base for its realization.

Embracing these concepts of education requires creative new approaches to it. For people of all ages, and we would hope for all time, the "cookie-cutter" approach to education has been discarded. We can no longer afford a stereotyped, lock-step system of education which negates learning acquired through life experiences as well as that acquired within hallowed walls. Nor can we conceive of education provided only for children and youth.

The Ontario Advisory Council on Senior Citizens accepts this philosophy of Education and Recreation as much for the elderly as for those of younger years. It accepts the individual in his total personality and characteristics at any age. This "human journey" does not end with the middle years. Elderly people are people who retain their unique individuality (in the physical, psychological, sociological and spiritual realms). Their basic human needs do not change – modification may be required in meeting these needs. The aging process may affect, in varying degrees, the balance which the elderly can comfortably maintain between independence, interdependence and dependence. Their resultant adjustment from totally self-directed, self-reliant living is not easy nor is the sometimes marked narrowing of their universe.

Yet there is no stereotype of the aged. The group over 65 in our society represents at least three generations. Within their ranks they represent as well, a relatively untapped source of talent which could be released within our educational system. Theirs should be the opportunity to go on living and learning, to go on giving of the rich store of

skills and wisdom peculiar to themselves as long as strength and interest permit.

If fortunate, each one of us will one day be old. The time for preparation is now. The process should be one of evolution not revolution, the outlook should be one of hope and anticipation not despair. Only through using the opportunities in our educational system, starting with the very young and continuing throughout, can we develop positive attitudes toward the elderly and realistic understanding of the aged and the aging process. The elderly are a vital part of every community – statistically significant in numbers, priceless in terms of human values. For theirs and our own sake we need to understand what it is to be elderly and to keep our aged, where possible, in the mainstream of our community living. Education can do much to foster this.

**Meeting with Superintendents of Curriculum Services/
Ministry of Education**

October 15, 1975

**Education Relevant to the Aged and the Aging
Process**

Some Questions One Might Pose

- 1) Is it within the philosophy of elementary and secondary schools that content relevant to the aged and the aging process is appropriate? If so, what factors operate against, facilitate its incorporation?
- 2) What is the current and desirable situation relative to teacher preparation in this area? For example, content at baccalaureate level, initial teacher preparatory programs, on-going education.
- 3) What potentials for inclusion of relevant content are there in the various areas of the curriculum? How are these potentials realized? What versatility in programs (content and methodology) is achieved? Do these reflect particular community needs and resources? Are courses, incorporating relevant content, required or optional? If optional, how widely are they offered by teachers, selected by students?
- 4) What resources, human and material, are available in individual schools, within communities, on a regional basis? Relevant to human resources do personnel other than teachers contribute to programs? If so, what segments of the population do they represent? How are their services procured, utilized, reimbursed? In particular, are senior citizens themselves involved and if so, how? Relevant to material resources what is available in library holdings, audio-visual aids (owned by one school, shared within a community or beyond, obtained otherwise). Have the schools produced any audio-visual aids themselves, e.g., audio-video tapes? Written case studies?
- 5) Is there regional planning and/or sharing of courses or parts thereof?

- 6) Has there been identification of concepts, content and methodology suitable to various ages in the elementary and secondary school system? Is there articulation between elementary school offerings, secondary school offerings, post-secondary school offerings?
- 7) With particular reference to secondary schools, are there special offerings for senior citizens, e.g., entrée to regular or specially provided courses? Fee charges? Transportation? Are senior citizens used for teaching and/or counselling? If so, with what apparent results?
- 8) If one were attempting to introduce content, where it has not been incorporated previously, what small initial beginnings might be made?

Equity of Care (Housing) Committee

The Committee of Equity of Care set as a priority to research legislation pertaining to Private and Subsidized Housing, Homes for the Aged, Elderly Persons Centres (when related to Homes for the Aged), Satellite Homes and Chronic Care Hospitals. A second on-going concern expressed was to study living situations of seniors with respect to how their financial situations affect their living standards. The third identified task involved an assessment of present programs, such as the Elderly Persons Centres or Homes for the Aged, and how these might assist in the delivery of services in the community. The Committee also addressed itself to the following issues which required study prior to the implementation of Home Care Programs in Ontario:

- 1) As seniors residing in segregated housing units mature, they will need a progressively greater amount of nursing care. There is a fear that such housing units might become a "block" of seniors requiring constant nursing care. One must also question the wisdom of the desirability for segregated housing and how seniors living alone can be provided surveillance services.
- 2) At the present time social workers located in the institutional settings have a major task of "freeing beds" as quickly as possible. It is our belief that community based social workers would have the advantage of being responsible to their client rather than the institution.
- 3) There exists a financial "attractiveness" for a family to institutionalize a senior rather than to keep him/her in their own home. While a senior may be well-enough to remain in a family setting, there exists the possibility of financial advantage to have the senior admitted to a Home for the Aged or a Nursing Home, particularly if he/she qualifies for Extended Care benefits.

The Committee also addressed itself to the problem of a senior who due to sufficient income does not qualify for priority residency in Ontario Housing units. Yet that senior, by paying a much higher rent on the open market place, actually ends up with considerably lower spending power for other amenities than the one residing in an Ontario Housing unit. Similarly, a senior who owns a house, has no mortgage, but has no income outside of OAS, GIS and GAINS, faces a situation of being "asset rich" yet "income poor" when faced with the cost of upkeep, utilities, property taxes and all other expenses connected with home ownership. These two issues were reviewed with the Income Maintenance Committee and were included in the latter's Discussion Paper on Income Maintenance. In dealing with legislation affecting Nursing Homes the Committee suggested that this area of responsi-

bility be turned over to the Section on Aging of the Ontario Welfare Council. A subsequent meeting held with the Ontario Welfare Council identified needs and issues of the study. Eventually this assignment was taken over by Mrs. Elaine Baillie, Regional Activation Consultant, Personal Health Division, Ontario Ministry of Health. Mrs. Baillie has formed a committee to study all aspects of nursing care and has assured the Council that its concerns have been included.

The Committee met with representatives from the Senior Citizens Branch of the Ministry of Community and Social Services, the Ontario Housing Corporation and Metropolitan Toronto Housing Company. The purpose of these meetings was to determine what steps were being taken to implement our Council's recommendations on housing facilities for seniors. It was gratifying to note that in most areas these recommendations were successfully dealt with. Some specific issues were identified:

- 1) Ontario Housing Corporation is finding it almost impossible to have stoves with switches on the front manufactured. The quantities needed are too small for Canadian producers and the existing models manufactured in the United States do not meet Canadian Safety Association standards. However, attempts are under way for possible solutions.
- 2) The Ministry of Community and Social Services is becoming increasingly involved in non-institutional care. This indicates a new philosophy and direction in helping seniors remain in the community and the gradual shift away from institutionalization.
- 3) The question of one-bedroom vs. bachelor units was raised with representatives of the Metropolitan Toronto Housing Company. Their policy of providing 75 percent bachelor units for seniors is under review with the aim of increasing the number of one bedroom units.

A meeting was held with representatives of Ontario Housing Corporation and the Senior Citizens Branch to discuss the merits of a first aid training program to assist seniors to respond to emergency situations. The idea received excellent response.

A meeting was held with representatives of the Ontario Red Cross and O.H.C. It was determined that pilot projects would be held in both O.H.C. Senior Citizens Housing projects and in Elderly Persons Centres. Because of the positive response it was felt no formal recommendation to the Government was required. There is indication that the five pilot projects are extremely successful. They are now nearing completion and an evaluation will be available in the near future.

Concern was expressed that in some Senior Citizen Housing projects, due to loneliness and boredom, alcoholism has become a problem. In this regard the following resolution was approved:

that the Addiction Research Foundation be contacted to ascertain what research they have done concerning alcoholism problems among senior citizens.

The announcement by the Ontario Government of its Provincial Constraint Program resulted in the preparation of the following report and recommendations which were submitted to the Honourable Margaret Birch:

Ontario has developed an industrious Homes for the Aged program to care for the physical and psychological needs of the elderly who are in need of some form of assistance. Also, privately owned Nursing Homes assist many older people who require nursing care. Because both Nursing Homes and Homes for the Aged have been able to meet physical needs of many older people, alternative methods of providing assistance have not been developed to any great extent.

Due to the necessity of budget constraints, the Government of Ontario has decided to freeze the number of beds in Homes for the Aged and apply the same policy to the present number of Extended Care beds in Nursing Homes.

If senior citizens are to receive the same consideration in terms of quality of care for their physical and health needs as prior to the budget constraints, there must immediately be developed alternatives to assist the older person. Where programs under various Ministries have been developed in relative isolation, a concerted effort must now be made to develop these alternatives with the various Ministries working together to develop an overall program.

In Ontario we need to recognize that specific age groups have different needs and no individual program can be developed to effectively deal with all age groups. For example, "younger" senior citizens can, in general, cope quite adequately in the community with little required in the way of expensive support services. "Middle aged" senior citizens will, in general, require more support services because of increasing frailty brought on by aging factors. This is the age group that can best utilize the independency of housing located adjacent to or in conjunction with an existing Home for the Aged or Nursing Home facility, from which many of the supportive services can emanate. The "senior" senior citizens, generally will be those persons who will require Extended Care facilities.

Realizing the need to act immediately in order to prevent a crisis in several years when there will be an increase in the number of aged population in the province who will require an increasing amount of health care assistance, the Ontario Advisory Council on Senior Citizens is requesting immediate action on the following recommendations.

Recommendation No. 1:

WHEREAS the Government with its program of spending constraints has announced that no funding will be available for additional institutional beds; and

WHEREAS alternative programs must be developed immediately to meet the needs of seniors who will be experiencing increasing frailties;

therefore be it resolved that:

The Government of Ontario concentrate its efforts to provide senior citizens housing in conjunction with existing health care facilities such as Homes for the Aged or Nursing Homes, making possible the easy delivery of otherwise expensive support services.

Recommendation No. 2:

WHEREAS in Homes for the Aged residents in Residential Care are expected to pay where possible the full cost of maintenance (room and board); and

WHEREAS residents in Extended Care may pay only the co-insurance rate of \$7.40 per day; and

WHEREAS there is thus created a distinct financial advantage for the individual to be sick or disabled in order to meet the criteria for Extended Care eligibility;

therefore be it resolved that:

All residents qualifying for extended care benefits be expected to pay where possible the full cost of maintenance and that the Extended Care program be applied to cover the cost of the additional nursing care required.

Recommendation No. 3:

WHEREAS each Home for the Aged qualified to provide Nursing Care has a specific number of beds allocated for Extended Care; and

WHEREAS there is no flexibility in this allocation; and

WHEREAS there is an increasing demand for Extended Care facilities in Homes for the Aged because of community support services, keeping seniors in their own homes for a longer period of time;

therefore be it resolved that:

- 1) *The ratio of Extended Care vs. Residential Care beds in Homes for the Aged be revised on a regular basis to meet changing community needs with a subsequent revision of staffing patterns;*
- 2) *The admission policies urged on Homes for the Aged be revised to recognize that increasingly there will be more people seeking admission who already qualify for Extended Care.*

Due to the need for hospitals to discharge persons qualifying for Extended Care benefits and because seniors are remaining in the community with the availability of certain supportive services, the applications by seniors to Homes for the Aged indicate that many qualify for Extended Care benefits prior to admission or are so frail that they will soon qualify. There exists a situation where numerous Homes for the Aged have empty beds in Residential Care areas; at the same time, they cannot admit persons who are in greatest need because the Extended Care allocation is filled.

Committee:

Mr. David Rudy, Convener
Mme. R. Girouard, Member
Mr. Jack Lerette, Member
Mrs. Lois Neely, Member

Health Committee

The Committee on Health believes in the right of all citizens of Ontario to basic health care. From this premise the Committee continued its concern for the delivery of support services to the elderly in the province as one viable alternative to costly institutional care. In addition the Committee addressed itself to:

- the delivery of care to the elderly in existing senior citizens' housing
- foot care for the elderly
- flexibility in arrangements of institutional beds for senior citizens
- beginning study of care of the elderly in both acute and chronic hospitals.

In investigating the delivery of care to the elderly in existing senior citizens housing complexes, the need for a "caring person" to be available to the seniors on a twenty-four-hour basis was noted with concern.

The English concept of "warden" was looked into in detail and after *much* discussion and two draft recommendations the following was proposed:

WHEREAS the Ontario Advisory Council on Senior Citizens is dedicated to the philosophy that senior citizens should have the opportunity of living in their own independent environment for as long as possible, we believe that assistance should be provided to enable them to maintain a high quality of life; and

WHEREAS there are over 30,000 self-contained housing units for senior citizens in the Province of Ontario accommodating over 40,000 senior citizens; and

WHEREAS the average age of tenants is increasing, resulting in increased mental and physical deterioration; and

WHEREAS there is inadequate supervision to help persons who find themselves in these needy circumstances

Therefore the Ontario Advisory Council on Senior Citizens recommends that:

A resident counsellor be appointed to perform duties in Ontario Housing Corporation buildings. In addition, should the appointment of a resident counsellor be impossible due to current financial restraints, it is then recommended that the existing job specifications of personnel already employed in Ontario Housing Corporation's senior citizens buildings be either expanded or upgraded to include the duties outlined above. Further, the posi-

tion of resident counsellor should not be subject to restrictions such as age, with the exception herein of a health problem, and such personnel should live-in on a twenty-four-hour basis.

The Health Committee met with officials from the Ministry of Health regarding foot care. This area is of great concern to the Committee as a whole and individual members felt very strongly that something should be done to alleviate the situation. The following areas were of special concern:

- the billing practices of podiatrists particularly where extra billing to the patient is permitted in addition to OHIP payments
- the need for procedural guidelines for podiatrists in order to control the dispensing of medications, the over-use of x-rays and the need for surgical intervention as a method of treatment
- the monopolistic attitude on the part of some podiatrists toward the market
- the great need for foot care professionals (whatever they may be called)

There are 80 practising podiatrists in the province at the present time. The estimated need is 450.

In the light of the foregoing, the following recommendation was made:

WHEREAS there are planned revisions in the Health Disciplines regarding Chiroprody; and

WHEREAS there is presently a great scarcity of trained foot care specialists; and

WHEREAS registered nursing personnel are presently giving excellent foot care to many elderly people

Therefore the Ontario Advisory Council on Senior Citizens recommends that:

For the interim and until such time as qualified foot care specialists can be prepared in the province, (earliest date 1979) Registered Nurses and Registered Nursing Assistants be instructed in a specific "upgrading" course in foot care and that this service be made easily available (accessible) to seniors in Elderly Persons Centres, Day Centres, clinics, community health centres.

In discussing the introduction of flexibility in arrangements of institutional beds for senior citizens the following goals were defined:

- to establish the right people in the right institutional bed at the right time

- to do this as quickly as possible
- ultimately, to abolish “waiting lists.”

To achieve all three goals requires a pool of beds, some of which are always vacant. Each institution should be filled to 95 percent of its capacity with individuals who are entirely suited to that institution.

Because of the changing status of the health of old people, it is inevitable that, at any point in time five percent will be in institutions not really suited to their needs. It is difficult to be precise about the proportion, and five percent is an informed guess. It is reasonable therefore to postulate that approximately five percent of the beds of an institution should be available for approximate transfer, trial admissions or temporary residents. Thus, allotting a certain percentage of beds in a chronic institution, and a Home for the Aged plus day hospital facilities under the care of a consultant in geriatric medicine would provide a more flexible system. These beds should be used only for a short term period.

Such flexibility in arrangements of institutional beds is to be attempted in one area of the province, and it is hoped that it will demonstrate the advantages over the present inflexible situation.

Finally, the Committee addressed itself to the quantity and quality of care given to senior citizens in both active and chronic hospitals.

Presently the Committee is collecting relevant data regarding:

- physical facilities – numbers, adequacy, appropriateness, etc.
- staffing patterns
- statistics
- assessment and placement services
- education – relevant material to be included in both under-graduate and graduate education in the various health and helping professions.

The Committee reiterates its concern that senior citizens be kept in their own homes as long as they wish and are physically and mentally capable. The Committee sees the present decrease in hospital beds as a positive step, as it brings into sharp focus the stark need for immediate action regarding the provision of support services to the elderly.

Committee:

Dr. Anthony Corrigan, Convener
 Mme. Adrienne Rochefort, Member
 Dr. Amy Griffin, Member
 Sister Audrey Mantle, Consultant

Especially for Seniors

The Ontario Advisory Council on Senior Citizens experienced a very exciting event in July of 1975 with the first edition of their quarterly newsletter "Especially for Seniors." After many months of preparation, the Council had finally realized a major objective. The following will review the basic concepts of the newsletter and assess the first year of publication in which four issues were produced.

Concept

Two basic objectives of "Especially for Seniors" are to provide information of interest and benefit to all seniors in Ontario and secondly to establish a central location where senior citizens can direct their thoughts, opinions and ideas on a variety of issues of importance to them. When measuring the response from seniors through their letters, these objectives are in fact being accomplished through the newsletter.

The concept of the newsletter came about as a result of the feeling by Council members that a single publication utilizing enlarged print for easier reading and a compact text for clearer understanding would be of great benefit to seniors. When considering the prolific increase in the number of pamphlets, brochures and other forms of information aids in recent years, Council felt the need for some rethinking in view of the confusion resulting from "too much" information. While information is available, the avenues of access to it are often complex.

Trends

As stated the second main objective of the newsletter is to provide a "sounding board" for seniors. In turn these comments would help direct the Council in their work as well as provide confidence to members that their efforts are truly reflecting the aspirations of seniors in Ontario. Although almost every topic "under the sun" has been raised in the thousands of responses, certain subject areas were established very early on as key issues. The following four areas in order of their importance in terms of the responses to the newsletter were identified:

(A) Income:

This area received the most comments and questions. A variety of income problems were raised, notably in the following areas:

- 1) **Income Benefits:** Seniors often asked whether or not they qualified for supplementary benefits such as GIS, GAINS and public housing.
- 2) **Cost of Living:** Many fears were expressed concerning the rising cost of living, notably the dwindling buying power of their dollars. Basic necessities such as food and clothing appear to be beyond the means of some seniors.

- 3) **Employment:** A number of seniors indicated their desire to continue working to supplement incomes, and asked for information on prospective employers.

(B) Housing:

Very few complaints were received from seniors in subsidized housing and those who did discuss it usually inquired about admission procedures. The majority of letters received were from those persons in private accommodation either in their own houses or in rented apartments. In general, seniors stated their desire to live as independently as possible. The priorities in this area were:

- 1) **Home Owners:** Many seniors found difficulty with property taxes. Specifically, it was felt that education taxes should be dropped.
- 2) **Rented Accommodation:** Seniors renting apartments at regular market prices found the rising rents beyond their means and asked for help in finding suitable accommodation.
- 3) **Institutions:** A significant concern expressed by seniors on institutions was the income requirement for admission, and, in some cases, the fear of losing their life savings. Several smaller complaints were aired such as the inevitable poor food. Uninterested staff and removal of personal belongings were also mentioned, although in general seniors appreciated what has been done for them in this area.

(C) Health:

Many seniors enquired about OHIP benefits. Great numbers of letters were received on the Drug Benefit Program and generally speaking this area was largely misunderstood. No doubt, many of these problems occurred because of the newness of this project. A great deal of response was received on the subject of Home Care. The following points indicate the key areas of concern expressed by the readers:

- 1) **Home Care:** Most seniors felt that a Home Care program would provide the necessary help for seniors to remain in the community and most importantly to maintain their independence.
- 2) **OHIP:** Health benefits were often misunderstood and a good deal of fear was expressed in what would happen if one gets sick. Many seniors who did become ill stated that they often lost their homes or apartments and consequently went into institutions.
- 3) **Drug Benefit Program:** Although most seniors expressed gratitude for the Drug Benefit Program many indicate that the drugs their doctors

prescribed were often not covered under the formulary.

- 4) Home Nursing: A good number of seniors related instances of relatives performing nursing roles for them, but no benefits being available for this type of care.

(D) Transportation:

A much discussed topic was that of transportation. Its cost and availability brought numerous questions, ideas and criticisms to Council. In this regard those seniors with physical handicaps also voiced many concerns. The following points emerged:

- 1) Transportation in Rural Areas: Seniors residing in rural areas appear to have the most acute problem with regard to transportation. In those rural areas and in particular in remote areas of Ontario, public transportation means is largely non-existent. Those without cars simply found the cost of taxis too much to bear.
- 2) Transportation in Urban Areas: Metropolitan regions do offer public transportation and in the larger centres many pilot projects such as the dial-a-bus service are offered. Herein the comments from seniors tended to point out more specific difficulties notably with public transport vehicles not being able to accommodate a handicapped person.
- 3) Volunteer Drivers: For those projects involving volunteer drivers to assist in transporting seniors to appointments or shopping errands the chief problem lay in insurance coverage.
- 4) Transportation Projects: Many transportation projects were described to Council but even with the many that do exist, the significant problem was funding.

Perspective

When viewing the responses to "Especially for Seniors" as a whole it is important to note that the central topics previously mentioned are closely inter-related. One quickly realizes that if a senior has an income problem, it may and often does affect many other aspects of that person's life such as housing, mobility and even health. In short, long-range as well as immediate solutions must be sought in solving the problems of seniors, while particular attention must also be given to a co-ordinated approach to the issues.

It should also be understood that many responses from the readers were influenced by the topics in our newsletter; in many instances it was a reaction to the questions raised in various articles. However, we are all individuals and view things from our own perspective and experience. Therefore, while letters were responding to the information provided, they nevertheless contained a wealth of other ideas and suggestions, not necessarily related to the topics.

We sincerely believe that "Especially for Seniors" is a good beginning for increased inter-communi-

cations. It is the only single publication common and available to all seniors in Ontario. All efforts are made to answer letters on an individual basis – we have even supplied some knitting patterns! We hope seniors know that we do care. The Council is looking forward to the second year of publication and trusts that it will in some measure better the quality of life for many.

Les dégrèvements fiscaux? Ne manquez pas

qui suit très à GAINS reçoivent leur chèque
automatiquement car elles ont
soumis au ministère fédéral
du Bien-être les
pour

nes âgées et les ménages à bas
revenu.

Le régime de dégrèvement fis-
cal de l'Ontario étant administré
par Revenu-Canada. Impôt, il
est indispensable de remplir une
déclaration d'impôt, même si
l'impôt sur

pour contribution
Toute personne qui a
contribué à un par

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THE FINANCIAL RESTRAINT PROGRAM

How It Affects Senior Citizens

By Darcy McKeough,
Treasurer of Ontario

I doubt whether any
citizens in

More than Books at Library

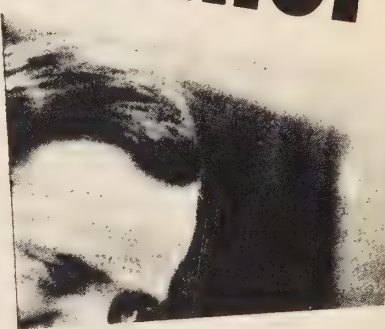
Have you been to your local
library lately to see the changes
that have been made?

A membership card can be had
on request. In some libraries they
are free for seniors and in others
the charge is only a few cents.
Then the world of books and
music is yours.

If you want to sit and look
through what is available, most
libraries have tables and comfort-
able chairs.

tapes of old radio shows, such as
Fibber McGee and Molly. Many
have records of all kinds that you
can play at home.

The libraries now run evening
and weekend programs of music
and films, art shows and lectures,
as well as classes and demonstra-



There is a time to spend
time to conserve.

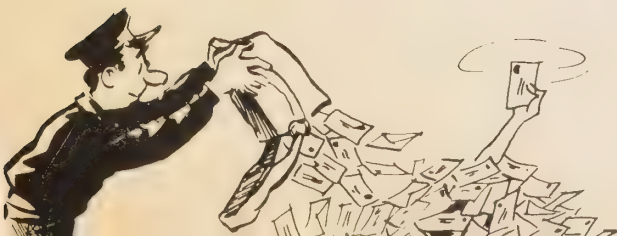
The 1960s were a
spend. In those years
relentless growth in popu-
lation and the overriding
provid

WINDSOR'S CENTRE IS A

For Seniors who enjoy com-
munionship, crafts, intellectual
general feeling

craft area there
as quilting, se-
creative hand-

LETTERS



HERE'S YOUR CHANCE TO SPEAK

Are you satisfied with the fare
news, papers, radio and TV serve
If you are not, you

Senior Adults. The
open meetings for
the news media. If
to attend or would
write to them.

We're using

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Government
Publications



Ontario Advisory Council
on Senior Citizens

'76

'77

ANNUAL REPORT

Each member of a community is a link
in the life of that community, all have a right
to make their own unique contribution.



**Annual Report
of the Ontario Advisory Council on
Senior Citizens 1976/77**



Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch

Dear Mrs. Birch:

It is with great pleasure that we present to you the third Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1977.

Sincerely,



Hope Holmested

Hope Holmested,
Chairman

Council Members

Chairman	Holmested, Hope	Richmond Hill
Executive	Corrigan, Anthony	London
	Griffin, Amy	London
	Rapelje, Douglas H.	Welland
	Upshall, Walter	Toronto
Members	Abernethy, Wilson	Toronto
	Clark, Doris	Hamilton
	Clark, Pearl (Advisor)	Hamilton
	Corbett, Mary	Cobourg
	Epstein, Norman (Advisor)	Windsor
	Girouard, Rosanette	Moonbeam
	Gorfinkel, Jacob	Toronto
	Howe, Laura	Dryden
	Johnston, W. Erskine (Resigned)	Carp
	Kinsella, Pat	Aurora
	Lerette, Jack	Toronto
	MacPherson, Melvin	St. Catharines
	Magee, Arthur	Timmins
	Mantle, Audrey	Cornwall
	Parsons, Jack (Advisor)	Toronto
	Penfold, Corabel	Toronto
	Schwenger, Cope	Toronto
	Upshall, Allan (Advisor)	Toronto



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Chairman's Remarks

The Ontario Advisory Council on Senior Citizens again welcomes as a privilege this opportunity to report to the Government and the people, at a time of challenge in our country's history.

Seniors who write us in response to our newsletter "Especially for Seniors", and those who work and speak with us in day to day contact are expressing a new spirit, and a new level of concern, dedication and co-operation.

Each year brings opportunities to work with different organizations, and to develop new ideas and better methods of implementation. Seniors and those who work with them and on their behalf are seeking co-operation from both the Government and the private sector, and they are not looking in vain.

The Council has made presentations to the Blair Commission and to the Human Rights Commission and has been most courteously received.

There is a solidarity of concern within the Council on basic needs and on the urgency of certain problems; new efforts have been made to speak out on specific issues. It is our hope that Ontario Government Ministries will work together to simplify, modernize and improve the system whereby services are provided to Seniors, in housing, in continuing education, in health services and in income, while at the same time maintaining a substantial element of freedom of choice for the senior person.

The Council does not consider itself as a militant force, for militance implies conflict. The Council is rather an advisory body who through mutual trust with the Government and close contacts and daily dialogue with Seniors endeavours to make well-documented proposals for the improvement of their quality of life.

We wish to express our sincere appreciation for the continued assistance of the Secretariat for Social Development and our hope that by sound and well-documented proposals and recommendations we can continue to merit the mutual trust without which our efforts would be futile.

We wish also to thank our staff for their co-operation and dedication; they have worked with us every step of the way.



Remarques du Président

Le Conseil consultatif ontarien pour les aînés est heureux de saisir cette occasion en vue de présenter au Gouvernement et à la population son rapport.

Les personnes qui répondent à nos articles du journal *Especially for Seniors* et ceux qui ont un contact journalier avec nous, soit au travail ou ailleurs, manifestent un nouvel esprit, un autre genre de préoccupation, de dévouement et de coopération.

Il nous est donné à chaque année de travailler avec des organismes différents, de développer des idées nouvelles et des méthodes améliorées. Les aînés et ceux qui les accompagnent dans leur travail cherchent à obtenir la coopération du Gouvernement et du secteur privé. Leurs démarches ne demeurent pas infructueuses.

Le Conseil a fait des représentations à la Commission Blair et à la Commission des droits de l'Homme. Partout on l'a accueilli avec courtoisie.

Une certaine inquiétude est concertée au sein du Conseil autour des besoins principaux et de l'urgence de certains problèmes à résoudre. Nous avons discuté à plusieurs reprises des sujets d'actualité. Nous espérons que les ministères du gouvernement de l'Ontario uniront leurs efforts en vue de simplifier, de moderniser et d'améliorer le réseau des services offerts aux personnes âgées dans le secteur du logement, l'éducation poursuivie, les services de santé et les sources de revenu tout en respectant leur liberté de choix dans chaque secteur.

Le Conseil ne considère pas qu'il est une force militante, ce dernier mot évoquant l'idée de conflit. Le Conseil est plutôt un corps consultatif qui oeuvre dans un climat de confiance mutuelle avec le Gouvernement, qui établit des contacts constants avec les aînés et qui s'efforce de bien se documenter pour présenter des recommandations susceptibles d'améliorer leur mode de vie.

Nous désirons exprimer notre vive reconnaissance et notre gratitude pour l'aide continue dont nous bénéficions du Secrétariat de la Province aux Affaires sociales. Nous souhaitons que nos recommandations et nos propositions retiendront l'appui et la confiance soutenus que nous savons déjà et sans lesquels nos efforts demeureraient vains.

Nous désirons aussi exprimer nos remerciements à notre personnel pour sa coopération et son dévouement. Il n'a rien négligé au cours de tous nos travaux.

A handwritten signature in dark ink, reading "Hope Holmstedt". The signature is fluid and cursive, with the first name "Hope" and last name "Holmstedt" clearly distinguishable.

Human Resources and Pre-Retirement Planning

The Committee made considerable progress in three areas; in encouraging seniors to participate in and contribute to the general community; in the need for planning for retirement well ahead of the actual time of retirement and in changing the attitudes towards aging.

Our study of the population trends, health statistics and retirement policies and practices indicates that by the year 2001 some 16% of our population will be retired from the normal work force. The economic and social implications of such a large percentage of the population, not contributing in some useful manner to society and living a purposeless life, could not help but lead to an unhealthy social, financial and political situation. These findings make us even more determined in our efforts to promote more and better pre-retirement training programs, greater use of the human resources of the mature elderly and also to changing the attitude of all ages to seniors in our society. The latter also includes the attitude of seniors to themselves. The attitude we hope to help bring about is the realization by both old and young that every age has an important role to play and every age group has the responsibility to contribute its particular human resource for the betterment of the society in which it lives.

One of our activities was to follow-up a recommendation we presented to the Government that the Civil Service Commission of Ontario be authorized to prepare an all-embracing pre-retirement program. We consulted the personnel in those ministries who at present provide pre-retirement courses, we worked with other organizations and with individuals knowledgeable on this subject. We sincerely trust that our consultations and findings will result in the Government giving pre-retirement planning a higher priority and thus not only help their own employees but also set an example to the private sector in emphasizing the need for planning and training for retirement living.

In addition to our efforts to encourage pre-retirement planning generally, in as many areas as possible, we have also strongly recommended the inclusion of some basic factors not found in the courses we have examined. We are concerned that little emphasis is given to the continued responsibility those in retirement should assume.

Retirement from employment does not mean disengagement from other important areas of life, ones such as family, community, civic, social and other activities. In all of these areas, the knowledge and experience gained through years of living could, and should, be used to help solve some of the current community problems. The Committee is also concerned with the fact that few, if any, pre-retirement programs are directed specifically at the approximately 50% of those who in retirement will not require government assistance. It is these people, and in particular, those with proven

leadership capability, who must be challenged and persuaded to use their very special talents to help and direct the less fortunate to a more rewarding life.

It is difficult to measure our accomplishments. Over the past three years each member of this Committee has, during Council and Committee meetings and also in the many other areas beyond the Council, vigorously and persistently advocated the responsible role the mature elderly should occupy in our society. We understand the many problems and needs which are unavoidable as the years advance must be recognized but at the same time we also are aware of the great loss to society if it failed to more fully use the human resource of those who retire, willingly and otherwise, because of age alone. We are pleased, as members of this Committee, to have played some part in creating a more positive attitude in many people, both young and old, regarding the place in society that the mature elderly of this province, should occupy. The evidence that a change has taken place is illustrated by the following:

The many books written on the subject of aging.

The increasing number of pre-retirement planning programs now being given in both the public and private sector.

The greater public interest in retirement as evidenced by meetings, seminars, etc.

The acceptance by senior people that they are an asset to society as evidenced by:

- (a) The seminar "The Challenge of Retirement" held in the fall 1976 at St. Lawrence Centre in Toronto.
- (b) The Senior Alumni Committee at the University of Toronto.
- (c) The Communication Association of Senior Adults.
- (d) The organization of seniors in Cobourg to provide transportation, etc., in that city.

The many programs on T.V. and Radio dealing with the problems and opportunities of seniors.

It has been a rewarding year and we are most hopeful that the seniors of this province will reap the benefits of our endeavours.

Education

Pre-School Education

The Committee has recognized this year that education related to the aged and the aging process needs to commence in the pre-school years. In particular, recognizing that attitudes are developed early, it seems imperative that positive attitudes toward the elderly be developed in the child's early contacts in the home, in nursery school and, elsewhere in the community. No exploration has yet been undertaken by Council in regard to this recognized concern.

Elementary and Secondary Schools

A questionnaire was developed to ascertain attitudes of Elementary and Secondary Schools toward incorporation in the school curriculum of content relevant to the aged and the aging process and what pertinent learning experiences are being offered. A letter was sent by the Council to the Honourable Margaret Birch and advocated the following for the Ministry of Education:

- 1) Use of Professional Development days for teachers.
- 2) Promotion of relevant projects for Professional Development Committees within regions.
- 3) Development of resource guides for teachers.
- 4) Communication to teachers of available resource materials (e.g. A.V. aids, printed materials) and development of further such resources.
- 5) Use of consultants knowledgeable in the content areas, the assessment of current attitudes and the promotion of positive attitudes toward the elderly.
- 6) Use of personnel (faculty and graduate students) in the Ontario Institute on Studies in Education in the areas of relevant research and development of curricular materials.

The letter identified the potential need for a pilot project in one municipality or region. Specifically, the Committee suggested to the Ministry that the time has come when serious consideration should be given to the delegation of responsibility to a particular individual within the Ministry of Education, charged with providing leadership in promoting and co-ordinating education relevant to the aged and the aging process throughout the Elementary and Secondary Schools.

Colleges of Applied Arts and Technology

The Committee on Education, of the Ontario Advisory Council on Senior Citizens, completed a study of the Colleges of Applied Arts and Technology in August, 1975. It seemed appropriate to the Committee to conduct a follow-up study in September 1976 since the data in the original study pertained to the 1974-75 academic year and the colleges were now into the 1976-77 academic year. The letter sent to colleges sought to ascertain what previous developments had continued and what

new developments had taken place with regard to: courses in the college curriculum relevant to the aged and the aging process; courses introducing innovative learning experiences in this area of study; special relevant educational offerings provided or requested; audio-visual aids and other material resources found useful; special provisions for senior citizens to facilitate their use of college offerings and their contribution to them along with the apparent response of senior citizens and the effect of their participation.

A response was received from all areas in the province except two. From the data provided, there is no doubt that an increasing number of the colleges are "keeping their finger on the pulse" of the educational needs of senior citizens and finding innovative ways of providing educational experiences for them. Some very new ideas are being implemented in the various programs and one can discern, especially in some colleges, the fine hand and heart of particular individuals who have really "taken up the cudgel" on behalf of senior citizens. Further, there is some recognition that a mixture of age groups in the classroom has the potential for enriching the learning experiences of all age groups of students. Some progress has been made in "tapping the gold mine" that senior citizens can bring, as instructors, to the classroom in diverse subject areas. It is particularly heartwarming to see the lengths to which a few colleges are willing to go to meet the needs of a particular group of senior citizens who might otherwise, idly and despairingly, "sit out" their remaining days in Nursing Homes or Homes for the Aged. And the coupling of college with other community resources, in a closely collaborative effort to meet the needs of senior citizens, is laudable and apparently very effective. Related to this is the setting up of community advisory committees, with varied representation (including senior citizens) in the several colleges which have them.

Less evident in the materials provided by the colleges is the recognition that many regular students preparing for some vocation, through a college program, will have an increasing number of senior citizens in their clientele and therefore have a necessity for learning about the aged and the aging process. Indeed, with the demographic data before us, one wonders why it is not self-evident that all students, as citizens, need to be instructed in this area of curriculum not only in the interests of the community at large, but in their own self-interest.

Increasingly, education is placing a major emphasis on how to live as well as how to earn a living. If education needs to be life-long, then why does education about all of the ages and stages of living, including the latter years, not need to be life-long? The Colleges of Applied Arts and Technology in this province need to be commended on what they have already accomplished and to be challenged regarding what more they can and should achieve in this area of education.

Universities

Consideration was given in September 1976, to conducting a study in all provincial universities similar to that completed in C.A.A.T.S. It did not seem feasible or appropriate for Council to undertake this given the limits on Council's resources and demands on its individual members. Council hopes that either through its own efforts or through other avenues the study will get underway this year. The University of Toronto has completed a comprehensive and detailed survey to determine the status of education related to Gerontology and Geriatrics within its many faculties and has set forth specific proposals for the future. This study may be replicated on one other campus in the near future. There are many reasons why the universities need to concern themselves with these areas of study, not just in the programs for the Health and Helping Professions. Given projected demographic data re aging in Canada, the need for an informed citizenry generally is obvious and one must bear in mind that teachers in all levels of the educational system obtain their education in the various content areas at the universities. The universities' obligation to the educational needs of society in this, as in many other areas of education, is abundantly evident.

"Organized Religion" and Senior Citizens

This is a new area of concern to which the Committee on Education has given consideration and taken initial steps in exploration. Reverend Arthur Magee has contacted the Canadian Council of Churches and key personnel in several denominations. His interim report has been forwarded to that Council and to the Canadian Institute on Religion and Gerontology.

In the listing of the work of Canadian Institute on Religion and Gerontology it is noted that they already cover many of the areas of mutual concern and hopefully will further develop the educational aspects in training programs in religious institutions.

Housing

The main aims and objectives of the Housing Committee are housing needs of seniors in Ontario. At the present time the largest percentage of seniors continue to live independently in their homes, rented apartments or other types of accommodation. Then there are those who live in Ontario Housing Corporation or other subsidized units. The third and the smallest group are those who live in residential care institutions – Homes for the Aged, Charitable Institutions and Nursing Homes. While studying the above areas we also attempted to identify if the needs and problems in housing differed between large urban centres, smaller centres and rural communities.

Ontario Housing Corporation

The Housing Committee met with officials of Ontario Housing Corporation, architects and senior citizens to discuss all aspects of housing in relationship to location, design, security and safety, height, social and psychological criteria, need for support services, environment, flexible planning and the role and participation of residents. The following recommendations addressed to the Ontario Housing Corporation were submitted by the Council to the Honourable Margaret Birch:

Security Tenants or Resident Counsellors

WHEREAS an ever-increasing number of Senior Citizens reside in Ontario Housing Corporation units; and

WHEREAS the life expectancy of our population has become higher; and

WHEREAS the aging process gradually changes the needs of Seniors whereby they require more regular contact to ensure adequate security and encourage continued independence in order to prevent early institutionalization;

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

The Ontario Housing Corporation establish the services of Security Tenants or Resident Counsellors in senior citizens housing units to meet the changing needs and provide surveillance for their residents.

It is further recommended that:

- (a) The Ontario Housing Corporation develop flexible job specifications for Security Tenants or Resident Counsellors, based on the size of facility;*
- (b) The Ontario Housing Corporation develop a handbook to assist Security Tenants or Resident Counsellors to carry out their responsibilities;*
- (c) The Ontario Housing Corporation establish and maintain a training program for Security Tenants or Resident Counsellors;*
- (d) The Ontario Housing Corporation clearly define the role of Security Tenants or Resident*

Counsellors as a support body to the existing Community Relations workers;

- (e) The Ontario Housing Corporation review the present structure and workload of Community Relations workers.*

Training of Managers

WHEREAS there is a need for special training of staff responsible for the direction and management of Senior Citizen housing; and

WHEREAS such training is recognized and available in other countries; e.g., U.S.A.; and

WHEREAS there has been a tremendous growth of Senior Citizen housing units in Ontario;

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

The Ontario Housing Corporation establish, with the co-operation of recognized educational authorities, a program of Special In-Service Training for managers of Senior Citizen housing units. The Training should be on an on-going basis and include not only management skills, but also knowledge of geriatrics.

Studies on Present and Future Needs

WHEREAS the needs, aspirations and modes of living of Senior Citizens are undergoing tremendous changes; and

WHEREAS there has to be on-going research to evaluate the present situation and forecast future needs;

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

The Ontario Housing Corporation undertake studies in the following three areas:

- (a) Design, location and effectiveness of housing units as they meet the present needs, as well as forecasts and projections to meet future needs;*
- (b) The changing profile of older people based on their physical and mental well-being, taking into consideration the differential needs of the "young old", the "old" and the "old old" in order to project future planning of housing and services;*
- (c) Support services required by Senior citizens in housing units and the most effective ways to provide these services.*

Homes for the Aged, Charitable Institutions and Nursing Homes

The Committee has requested that the Ministry of Community and Social Services and the Ministry of Health urge the Boards and Administrators of the above institutions to make every effort to assure that older people, temporarily leaving their institution for medical reasons, be returned to the original facility whenever possible in order to eliminate the adverse effects of having to seek for and adjust to a new accommodation and environment.

**Policies Affecting the Life Styles of Residents
in Homes for the Aged, Charitable Institutions
and Private Nursing Homes in Ontario**

During the 1976-77 fiscal year of the Council's operation, the Housing Committee took, as its major emphasis, the quality of living in long-term facilities in communities throughout Ontario. Several expert resource personnel contributed to the Committee's deliberations on this theme and the Committee undertook one fairly extensive project relevant to it.

A questionnaire was sent to all long-term (approximately 580) facilities in Ontario requesting information on policies affecting the life-styles of the residents. Responses were received from the following:

79 Homes for the Aged
45 Charitable Institutions
168 Private Nursing Homes

Data collected in response to the short answer questions were grouped under the following headings: Residents' Own Rooms, Specific Furnishings They May Bring; Bathrooms; Meals and Extra Nourishment; Personal Freedom; Life-style, Self-fulfilment, Self-responsibility; Percentage of Residents Having Friends and Family Visit Them.

All responses to the open-ended questions were listed. These concerned: Privacy in Bedrooms; Privacy in Bathrooms; Night Checks with Residents; Vacations for Residents; Provision of a Cocktail Hour and Number of Drinks Allowed; Additional Ways of Encouraging Residents' Independence, Normal Life-styles and Responsibility.

Because of certain curtailments in the collection and analysis of the data this project made no pretense at being a definitive survey, but aspired only to gain a general impression of policies in long-term facilities, in the Province of Ontario which potentially affect the life-style of the residents of those institutions. The rationale underlying such policies was not sought.

There was much diversity in the responses received with regard to almost every question posed. Only a very few universals emerged e.g. virtually all institutions permit residents to bring T.V.'s to the home and to smoke, usually in a designated area. It would seem that privacy in bedrooms and bathrooms leaves much to be desired in many institutions; there is more need to make provision for residents to share meals with families and friends or to serve them tea or coffee and light refreshments; many institutions could have more flexibility in policies governing the personal freedom of residents, and Resident Councils do not exist in a great number of the responding institutions and where they do exist, many are seemingly inactive. One query which elicited an extremely wide range of responses concerned the percentage of residents who have friends and family visiting them. The questionnaire did not probe into the frequency of such visits and one hesitates to take, at face value, the responses provided since there was evidence in some qualified answers that the percentage stated may represent an average "guesstimate" and not truly reflect the situation in regard to many individual residents. One question which elicited very

encouraging responses concerned additional ways of encouraging residents' independence, normal life-styles and responsibility. It is gratifying indeed to learn of the many diverse ways in which at least some of the homes are reaching out into the community and the community is co-operating with these homes to enrich the lives of the residents.

Four central questions remain. On what basis are decisions made relevant to policies, regulations, laws which have the potential to affect or control the life-style of residents in long-term facilities in our province? How often are the policies, regulations and laws reviewed? How much do the residents enter into the decision-making process regarding policies, regulations and laws pertinent to their own life-style? Can institutionalization of the elderly, where it is warranted, be improved?

Health

The first activity of the Health Committee was to research the quantity and quality of services given to senior citizens in residential care. The work in these areas was greatly assisted by the tabling of the Report of the Interministerial Committee on Residential Services. We consider this report not only excellent background material containing a wealth of data but also an unequivocally honest self-analysis of health care, both mental and physical, to all citizens in the province. As our mandate is the senior population, we concentrated on those areas pertaining to services to the 65 plus age group.

Response to Report

The above report served as a catalyst for committee action. It demonstrated the inconsistencies of funding procedures, standards of care and complex and diversified legislation governing residential care services.

The Committee addressed itself to various aspects of the present system with the view to suggesting urgently needed changes for improvement.

Charges for Residential Care

The report documents inequalities in charging for care in nursing homes, charitable homes for the aged, municipal homes and chronic care hospitals. The Committee strongly endorses the proposal that a universal charge for domiciliary care be established. In doing this it would also eliminate the present financial incentives for individuals to register under the higher levels of care which receive government support and take away the incentive to return to lesser care service or even back into the community.

Assessment and Placement

In the present system some of the most serious problems are in the areas of screening, placement and provision of adequate information and referral services.

The Health Committee feels strongly that any such Assessment and Placement Service should be established as an independent local co-ordinating body.

Co-ordination of Services

As it now stands six separate ministries and twenty-five different Acts and Regulations administer and control residential care programs.

It would, therefore, seem logical to suggest that co-ordination be entrusted to one ministry. When considering the implementation of this concept, careful consideration has to be given to the philosophy of care, goals and objectives as well as co-operation and relationship between institutions and community support services.

Home Care

The Committee continues to emphasize the concept and the need for support services for the elderly as one viable alternative to the costly institutional care,

and because this is often the greatest wish of the patient.

Acute Care Hospitals

The Committee looked at care for the elderly in acute hospitals and attempted to answer the following questions:

- I What knowledge do we have regarding:
 - 1) Physical facilities – numbers, geographic distribution, adequacy, appropriateness;
 - 2) Statistical data regarding:
 - i) Utilization rates – cases, days per 1000 population
 - (a) all age groups
 - (b) 65 plus age group
 - ii) Average length of stay –
 - (a) all age groups
 - (b) 65 plus age group
 - iii) 30 plus days stay
 - 3) Calibre of care
- II What assessment and placement services exist?
- III What co-ordination exists between various hospitals to ensure continuity of care?
- IV What research has been done in this field – i.e. institutionalization of the elderly?
- V What is included in relevant under-graduate and graduate education for students in the various health and helping professions?
 - physicians, nurses, physiotherapists, occupational therapists, clergy, social workers, etc.

The use of active treatment hospitals in the province by the 65 plus age group was approximately twice the rate in terms of cases per thousand and three times the rate in terms of days per thousand, compared to all groups in the years 1966, 1971 and 1975.

The average length of stay in active treatment hospitals in the province for all age groups was 10.5 days in 1966 and 8.4 days in 1975 representing a reduction over this period of 20%. For the 65 plus age group the average length of stay decreased from 20.3 to 15.1 days, a reduction of 25.6%.

Total cases hospitalized for more than 30 days in active treatment hospitals 63,635 or 5.2% of total cases in 1975. Of this number 29,506 or just under half were age 65 plus equivalent to 2.24% of total cases in the province in 1975.

The calibre of care was discussed generally. The attitudes of the active hospital staff to the 65 plus age group were discussed at length. Attitudes are difficult to assess and particularly in the area of relationship of staff to patient. Staff in active hospitals are trained and educated to respond quickly, efficiently to the needs of the acutely ill. These are attended to with care, concern, alertness

Statistics from the Ontario Ministry of Health showed:

	1971		1973		1975	
	Hosp.	Beds	Hosp.	Beds	Hosp.	Beds
Active Treatment Hospitals	204	39,829	203	40,027	205	41,546
Convalescent and Units of Hospitals	6	899	6	943	6	1,020
Chronic and Units of Hospitals	17	3,247	18	3,220	18	3,325
Chronic Units in General Hospitals	87	3,663	90	4,004	107	4,835
Psychiatric and Drug	2	251	3	304	3	304
Special Rehab. and Units	6	287	8	355	10	460
	322	48,176	328	48,853	349	51,490

and precision. Once the acute stage is over and the person no matter what the age is “on the mend” the attention of staff quickly wanes and due to the rapid turnover they again respond to new crisis. This points out the desirability – the necessity – for appropriate placement of the elderly, also the need for a dynamic on-going staff development program to ensure that right attitudes toward all patients and particularly the elderly are cultivated.

The Assessment and Placement Services in the district of Hamilton were reviewed. The British concept of day care hospitals being tried out in London, Toronto and Kingston were also looked at.

At the present time any co-ordination between institutions is done on a voluntary basis. In some areas institutions are working hard to expedite the flow of patients, in other areas there appears to be lack of co-operation.

There has been very limited research in the area of institutionalized care of the elderly. The Ministry of Health has researched Community Health Services in Grey and Bruce Counties.

Chronic Care Hospitals

In describing the services and groups served, the Report on the Interministerial Committee on Residential Services states that services are geared to health maintenance rather than cure or rehabilitation. The Health Committee assessed the situation in chronic hospitals and found that the majority of them now stress care and rehabilitation rather than mere health maintenance.

It is true there are some terminally ill and/or incurable and they must be maintained in the chronic beds and supported through the illness. But many patients are now rehabilitated to a lower level of care, i.e. to their home or a nursing home or home for the aged. The lack of alternatives to institutional care in many communities is *the* major problem.

For chronic patients, particularly the elderly, programs are just as important, maybe more so, than health maintenance. It is essential that sound psychological, physiological and spiritual input into programs be implemented.

Meetings with the Ministry of Health

The Health Committee as a whole had two meetings with Dr. Boyd Suttie, Assistant Deputy Minister of Health (Community Health) and several of his senior personnel. The following areas of concern were discussed:

- i) Support Services for the Elderly;
- ii) Foot Care;
- iii) Drug Benefit Program.

The Committee was reassured of the Ministry’s concern for the elderly. The continuing thrust for a more co-ordinated effort in support services was emphasized. We must all attempt to better manage what we have got!

In the light of the projected statistics, with the greater proportion of the 65 plus age group utilizing more and more of the health care delivery system, the Health Committee will continue to look at the need for setting up geriatric committees of the medical staff in all hospitals.

The Health Committee again urges that a proper balance be made between good institutional care and adequate support services.

Income Maintenance

The aim of the Income Maintenance Committee is to protect the well-being of Senior Citizens in relation to their financial needs. Those born around the turn of this century and on into the second decade are faced with changes of such magnitude that their parents would find difficult to imagine.

No longer do senior citizens bask in the comfort and protection of their families and grow old in dignity and with the respect of those they have known a large part of their lives. These people have lived through two world wars and the worst economic depression in modern times. They have learned to fear, feel loneliness and encounter economic deprivations.

Let us for a moment look at the bases of the fears of Senior Citizens. In the Victorian Era in Canada, we were a rural people. Families worked on farms and they took care of their senior members throughout the latter's lifespan. We are now an urban civilization with the majority of the citizens crowded into large cities and towns. Where groups of people are placed in congested areas, tensions, competition and pressures arise. Each one must make his own way to establish himself and in so doing, deprive the older persons of certain benefits because they cannot compete. This very fact in some cases prevents family members from taking care of their seniors because they are unable to afford the financial burden. On the other hand we all know of many families who have looked after their senior members very well. Since city living is generally more expensive than country living due to transportation, rents, utilities, taxes, food costs, etc., senior citizens are becoming more dependent on help from outside sources.

Added to the facts mentioned above the number of Senior Citizens is increasing percentagewise to the population, and therefore the need for assistance grows.

The role of the Income Maintenance Committee is to assess these needs and suggest legislation which will lighten the burden of those of our Senior Citizens who have given of their best throughout their active years towards helping this country develop.

The Province of Ontario has done much to assist Senior Citizens in coping with today's life. It is however more urgent than ever, due to rising costs, to continually bring existing needy situations to the attention of those who may legislate to alleviate problems.

During the past year the Income Maintenance Committee has changed direction somewhat in its approach to the present day needs of Senior Citizens.

In the early part of the year, attention was focussed on overall goals resulting in a position paper emphasizing fairness and equity to all.

Since mid-year our direction has changed to dealing with some of the immediate and pressing problems confronting Senior Citizens. This included:

- Property Tax Reform – A special Task Group was formed to prepare a brief. Our findings and recommendations appear in this report.
- Guaranteed Income System and Guaranteed Annual Income Supplement – The loss of benefits to a recipient of GIS and GAINS when a senior is working.
- Housing Subsidy Grant – The problem of those not being able to obtain subsidized housing and those in houses, apartments, etc., who cannot meet the rising costs but would prefer to remain in their present accommodation.
- Inequity in the 1975/76 Income Tax Schedule.
- Portability and vesting of pensions.

Housing Subsidy Grant

The following recommendation was submitted by the Council to the Honourable Margaret Birch:

WHEREAS *taxpaying senior citizens, as well as other taxpayers, are underwriting the subsidy each year for senior citizens' apartments and hostel accommodation in the amount of an average of \$1,759.99 per unit per year, excluding capital costs; and*

WHEREAS *seniors who cannot meet rising costs of living must leave their homes or apartments and consequently become institutionalized at great cost to the taxpayer; and*

WHEREAS *for some years now senior citizens have been forced out of their chosen abodes into institutions, losing much of their independence, privacy and dignity, by exorbitant taxes and inflation, as a result of which thousands of seniors in Ontario are on waiting lists for subsidized housing, many having to wait two years or more;*

THEREFORE *the Ontario Advisory Council on Senior Citizens recommends that:*

The Government of Ontario act promptly to eliminate the imbalances present in the current subsidy systems by making available an annual grant of up to a limit of \$1,000. 00 for those persons 65 years of age and over on the basis of need, such a grant would help senior citizens remain independent whether they rent or own their own living accommodation.

Many reasons were put forward by the Income Maintenance Committee for the recommendation noted above. Primarily, members felt that the current system of subsidized housing, while beneficial to many, does in effect create more inequities than it attempts to solve.

To illustrate, an example of two seniors, one in subsidized housing, the other living in private

accommodation, was given. The first senior received \$310.00 per month and paid \$200.00 per month for private accommodation. The second senior received \$275.00 per month and paid \$55.00 per month for subsidized housing. The resulting spending or "living money" for each senior respectively was \$110.00 and \$220.00. While this hypothetical example could no doubt be argued by reference to specific case examples, the Committee felt that such examples were by no means uncommon or exaggerated, particularly in larger metropolitan areas.

In addition to the money left to seniors, the Committee outlined the many social ills which resulted in cases where seniors simply did not have enough money to cope. Often, it was pointed out, seniors seek refuge in institutions while others are forced to leave their homes after many years of work and effort to purchase them. The waiting lists for subsidized housing further stress that more and more seniors cannot bear rapid increases in costs of living and accommodation. A decline in health or psychological disorders may result when a senior is uprooted from habitat and families or friends.

In short, if seniors are to have a choice of where they live, steps must be taken to assist them financially. Subsidized housing is an attempt to solve the problem, but it does not, unfortunately, fulfil the role.

Inequity in the 1975/76 Income Tax Schedule

The Income Maintenance Committee presented to the Council the following recommendation which was passed and submitted to the Honourable Margaret Birch:

WHEREAS the basis of provincial tax is set out by provincial/federal agreement as being 30.5% of the basic federal tax; and

WHEREAS in the 1975 taxation schedule beginning at an income level of \$1,400.00 the provincial tax is listed as \$61.00 while the federal tax is listed at \$2.00; and

WHEREAS this imbalance of overtaxation of provincial tax continues until the \$7,000.00 income level where the provincial tax then becomes 30.5% of the basic federal tax; and

WHEREAS this imbalance occurs at the range of income levels where persons, particularly those on fixed income, can least afford higher taxes;

THEREFORE The Ontario Advisory Council on Senior Citizens recommends that:

The Government of Ontario Act quickly to correct this imbalanced situation to accurately reflect the rule of the provincial tax being 30.5% of the basic federal income tax and that this be reflected in the 1976 income tax tables.

While the Income Maintenance Committee is aware that the Income Tax Schedule affects citizens of all ages who pay taxes, they are particularly concerned with those low income seniors who fall within the income ranges previously noted.

Portability and Vesting of Pensions

The complex matter of pensions has been under continuous discussion by the Committee and numerous consultations with public and private agencies have taken place. It is most gratifying to state that on April 6, 1977 the Honourable William G. Davis, Premier of Ontario, announced the establishment of a Royal Commission on Pensions and that Mr. Walter G. Upshall, Chairman of the Income Maintenance Committee has been named as one of the five Commissioners. Our Council will work closely with the Commission and present a brief and recommendations.

The recommendations made and the subjects discussed are the result of an effort to focus on specific and immediate items within the limits of our social structure rather than attempts to change the entire system, much of which, as it now stands, is extremely beneficial to Senior Citizens.

Human Rights

An increasing concern in the area of employment for persons 65 years of age and over has been heard by the Council over the past year. A changing attitude in our society is reflected by the increasing desire of persons to select more than one career in their lifetime. Problems however, accompany this change with the limitation of compulsory retirement at age 65.

In the fall of 1976, the Ontario Human Rights Commission held a series of public meetings to hear proposals for amending the Ontario Human Rights Code. After reviewing the Code, the Advisory Council on Senior Citizens felt that there was inadequate provision in the Human Rights Code to protect the rights of a person 65 years of age and over who wished to continue his or her employment. Consequently, the Task Group on Human Rights was created and charged with preparing a submission dealing with the issue of compulsory retirement at age 65.

Position Paper

Compulsory Retirement

(A) Background

4(1)(b) & (g) The Ontario *Human Rights Code* was amended in June 1972 to incorporate the *Age Discrimination Act* prohibiting discrimination against employees on the basis of age with regard to any term or condition of employment (hiring, firing, employee benefits).

(a) s19(a) The definition of “age” in the Human Rights Code is the same as in the *Age Discrimination in Employment Act* of 1967 (a U.S. Statute). Age is defined in the Code as between the ages of 40 to 65 years. Thus the Code protects against discrimination against an employee on the basis of age up to the age of 65. At 65 employment can be refused or terminated simply on the basis of the applicant’s or employee’s age and no legal recourse is available. Two provisions were added in response to concerns of many sectors of the community that hardships would result without the following protection:

- (a) Section 4(b) Where age is a *bona fide* occupational qualification and requirement for a position or employment, there is an exception to Section 4(1).
- (b) s4(9) s4(1)(g) “does not apply to any *bona fide* superannuation or pension fund or plan or any *bona fide* insurance plan that provides insurance . . .” A Ministry of Labour task force conducted an in-depth analysis of section 4(1)(g) and its anticipated impact on employee benefits and made its report in April 1975 to the Minister of Labour.

(B) Council’s Concern

The areas delineated for protection by the Human Rights Code have been strictly defined and applied and this provides for potentially wide grounds for discrimination in many areas. In an attempt to prevent discrimination against middle aged employees, the Human Rights Code has created an exemption for employers to discriminate against Senior Citizens and those under 40. Many groups have recommended a broader definition of age to 18-65 because of the evasion of the Code by employers who have reduced benefits or refused to hire persons under 40 years of age.

(C) The Retirement Decision

The retirement decision for each individual is very complex and will be based on societal, employer and personal factors. The age, sex and income of the population may have a great impact on retirement patterns. In addition, cultural values, governmental policies and even automation might affect the retirement decision. How the employer views aging and retirement and how older workers fit into the company’s plans may have an effect. The preparation employers have made for retirement of

employees in terms of hiring a successor and/or providing private pension plans will play a part. The personal factors of finance, health, family, attitudes and expectations for the future will play an important part in the decision of “When should I retire?”. Currently inflation and income maintenance are the major factors in the retirement decision. (The adequacy of the retirement income to maintain the individual or family is necessary before most employees will voluntarily withdraw.)

When an individual is forced to retire at some age, however arbitrary that age may be, the decision is at least partially out of his control. Age itself should not be a determinant of retirement. Individual capabilities, attitudes, health and finances are not directly functions of age and an individual at 50 may be more prepared for retirement than another at 80. The complexities and value decisions required for any retirement decision cannot be justifiably handled by arbitrarily selecting 65 or any other age.

(D) Employees

When discussing the issue of compulsory retirement, one asks whether it is best for those workers who are forcibly removed. Advocates of compulsory retirement maintain that most people with age experience some decline in productivity, incentive and adaptability; those who do not are few; and the majority benefit from retirement and look forward to it. The Council contends that there is no strict correlation between any person’s functional ability and his age and that an arbitrary rule which fails to account for individual differences is inherently inequitable. On many it forces undue financial and psychological hardships and the American Medical Association has found a direct link to physical and mental deterioration and even premature death. Advocates of compulsory retirement believe that employees should accept retirement and prepare for it rather than fight it by participating in programmes and activities offered to them. As a temporary solution, the preparation for retirement courses are excellent and more will be needed, but in the long run, retirement will become an option in the life process. One way employers can prepare for retirement is to offer part-time work or less strenuous jobs to older employees.

There is another group of workers who will be affected by removal of the compulsory retirement age. These are the workers who are unwilling or unable to continue to work and at the moment are kept on just so they can reach retirement age and collect larger pensions. Leaving at the retirement age gives those workers a dignified reason for leaving their work. Instead of risking social disgrace by being forced out due to incompetence or being fired for laziness, the retiree will have the excuse that he had no choice and thus has his dignity maintained. Employers will retain the right to fire for cause and, with the flexible date, the employer’s compassion will still be able to help those workers who are in a predicament.

(E) Employer's Standpoint

- 1) Employers and unions believe their members actually desire earlier retirement and support compulsory retirement. Employers cite the examples of those in monotonous jobs and physically demanding jobs as people who look forward to retirement and need compulsory retirement. The trend among labour unions is to acquire lower pensionable dates and higher pensions for those on heavier and monotonous jobs, but that does not warrant forcing workers to retire if they can handle the work.
- 2) Employers believe promotional opportunities for younger workers are not provided. The seniority list is thus rejuvenated by the withdrawal of older employees.
- 3) Employees feel compulsory retirement helps relieve the general unemployment picture as the unemployed are not used while Seniors hold their places.

In both 2 and 3, if we look at the definition of unemployment, it is a person out of work who is capable and willing to work. There is no difference between retirement and unemployment, except in our statistics. Creating a retiree out of a worker is putting him on the unemployed list, not on the retirement list.

During time of constraints, firms often will *not* hire to replace workers who leave, retire or are fired, but will either eliminate the position or have another worker do the extra work.

- 4) Employers find the policy convenient because no need exists to pass judgment on individual employees. The arbitrary date permits an employer to rid himself of employees without any bitterness or disputes. There are fears that firms will begin to demand medical examinations of workers or competence testing. Also, in many jobs it is difficult to find objective standards which identify reduced productivity.
- 5) Employers find the policy permits employees to leave in dignity rather than suffering the embarrassment of being told they are incapable of carrying out the responsibilities of the job. This is not so great a problem because the date at which pensions mature will remain the recommended date of retirement and can guide workers to voluntary retirement.
- 6) The mandatory date also eliminates the confusion which will befall workers who have a choice. We believe the pensions and finances which are available will be the major factors guiding workers in their decision. Also, the Seniors must be given credit for some wisdom and knowledge and not be treated like children who cannot make up their own minds.
- 7) Employers tend to use early retirement as a "tool" to recruit younger workers and to rid themselves of unproductive workers by "buying them out", rather than laying them off.

(F) Unions

- 1) The unions attempt to represent the interests of their collective membership and though they were once critical of mandatory retirement as the elimination of a person's security and income, with the advent of more and more substantial pensions, they have favoured the use of years of service rather than a fixed age as the basis for retirement, that is, earlier retirement with improved income support.
- 2) The unions are also concerned about the promotion of younger workers and the reduction of unemployment, and support compulsory retirement towards those goals. These obligations may be justifiable, but they must be balanced with the equally legitimate interests of the Seniors to retain their right to work.
- 3) Unions want to protect their workers from medical or competency tests by employers. There is a suspicion that employers will never arrive at a purely objective evaluation of a worker's productivity and bias or favouritism will be involved.
- 4) Unions also want to prevent a policy that discriminates between the productive and the relatively unproductive because a policy that discriminates can easily become discriminatory against workers.
- 5) Unions abide by the seniority principle so they are often prevented from sanctioning concepts such as "worker-teams" or job interchange which are designed to lessen the drudgery of certain jobs. Nor can they endorse part-time work by Seniors at less demanding jobs and at a lower pay scale. Also the job classification system between unions prevents changing to less demanding jobs even in the same factory or project.
- 6) The unions wish to retain the power to represent their employee's best interests. Although management will still have the power to fire for cause, the unions fear they will no longer be able to have a say in hiring and firing. The unions will retain the power to deal with pensions regarding their date of effect and the amounts to be paid out. The date of pensionability remains an important factor in the retirement decision so the unions will influence their memberships' hiring and firing.

To summarize, it appears that both employers and unions view compulsory retirement as best for all concerned, including themselves. They support greater flexibility, but only downward. It appears the co-operation and understanding of employers and unions will be necessary before the elimination of compulsory retirement dates can be achieved.

(G) Economy

- 1) Continued employment would reduce the number of public dependents. The Government supplements currently available are required by approximately one-half of all seniors receiving the Old Age Security, and continued employment could reduce the demand and need

for such supplements as Senior Citizens could provide their own income support.

- 2) It is calculated that by the year 2000 approximately 20% of the population will be Senior Citizens. It is inconceivable and unacceptable that such a large percentage of the population will be supported by society without making a substantial contribution to the general welfare of society. The taxation of younger people through larger pension contributions and higher income taxes would cause a dangerous situation of over-taxation.
- 3) The health costs in Ontario currently take the largest chunk of the Ontario budget. The American Medical Association has said that "considerable medical evidence is available to indicate the sudden cessation of productive work and learning power of an individual, caused by compulsory retirement at 65, often leads to physical and emotional deterioration and premature death". It can be expected that illness due to this cause can be reduced or eliminated by the elimination of compulsory retirement resulting in considerably lower health costs.
- 4) The current problem of business executives being ousted at 50 and then not being able to find work would be relieved because employers would be able to hire older workers without gambling on their capacity to stay for a long time.
- 5) There is a concern that the Canada Pension Plan will be bankrupt within the next twenty years. The Quebec Plan is expected to go under well before that. To save the Plan, it is proposed to increase the Government's contributions to the Plan and raise the contributions to the Plan. Both these prospects will begin to alienate the younger workers' desire to contribute to such a plan because of the greater burden.
- 6) The utilization of Senior Citizens as a human resource would promote an upward climb in the Gross National Product. We have paid for the education and the training of the Seniors and the cost of their wages would be minimal compared to the cost of training younger people who lack the knowledge and experience which the Seniors bring to the jobs.
- 7) Philosophically, the quality of human life would be improved. Planning for life would be a life-long event and no longer would a person's fate at 65 be arbitrarily set for him. Long-term planning for work, leisure, living and retirement would become a part of growing up and a part of the life process. Nowadays, a great deal is said about looking for meaningful work resulting from one's awareness of the real value of life.
- 8) In addition, if we look at mandatory retirement, it is really a penalty we place on the working employee who was not lucky or smart enough to be a farmer or self employed. The latter have a choice of when and if to retire; however, workers have little or no option. Those who did not prepare for their "golden years" or whose preparations were undermined by inflation are forced to lead a subsistence life. The early retirement option is really open only to those

workers who are financially well off, yet we are luring people to early retirement with promises of leisure and fulfilment which they cannot afford to enjoy.

Summary

The Human Rights Code must be a document declaring and protecting human rights on a broad scale, not a document which enumerates exceptions to its protections.

The human resources we have available in Seniors can and must be utilized more fully.

The right to work must be guaranteed for those who work and refuse to retire.

The right of the individual to a choice must be recognized.

The myths and attitudes of society towards aging, the aged and death must be changed, so that Seniors are no longer isolated from society, but are useful, effective and responsible members of our society.

Retirement is unemployment, even if the statistics choose to classify it otherwise.

The flexibility of retirement would be in line with our respect of the individual's right to choose his/her own lifestyle.

The expense of maintaining Seniors as dependents will soon become overly burdensome.

The Human Rights Code must be a document above every other statute in Ontario because if the rights protected therein are so fundamental then nowhere else can exceptions be made; not in other Ontario statutes; not in regional acts; not in municipal by-laws; and not in contracts or agreements.

Death With Dignity

As a result of the Human Rights Task Group's submission to the Human Right Commission Review Committee, a suggestion was made to Council on the feasibility of investigating the issue of "the right to die". While extremely controversial in nature, this topic, it was felt, does require study and to this end a Task Group was formed.

Initially, the Task Group members felt the need to research existing material and read numerous publications and heard opinions from many individuals with a concern in this area. At the start, all agreed that no final opinions could be formulated but rather a search for a more positive approach towards dealing with death should be taken.

At present the Task Group on Death with Dignity is studying palliative care units in hospitals and are still seeking opinions in the legal sphere on one's right to choose whether extraordinary measures be taken in the event of severe or terminal illness. It is their expectation, that some progress can be made toward a more mature and understanding approach in dealing with death. A prevailing thought among the members is that provisions could be suggested to allow people a choice in their own destiny.

Safety

In recent years the increased volume of cars on the road and traffic congestion has resulted in a significant rise in injuries and fatalities to pedestrians. Notably, senior citizens have been especially affected in this situation. To this end, a Task Group on Safety was formed to investigate ways to help counteract the problem.

After meeting with both Government and private organizations concerned with safety, the Task Group submitted the following recommendations:

- 1) *It is recommended that the Government of Ontario through its appropriate ministry urge all municipalities to offer defensive driving courses to all seniors, on a voluntary basis and at nominal cost.*
- 2) *It is recommended that the Government of Ontario initiate and provide information regarding pedestrian safety, especially geared toward the need for care on the part of senior pedestrians.*

The Task Group commended the Government's efforts in implementing the compulsory wearing of seat belts legislation and hoped such public service campaigns regarding safety would continue.

Rent Review

A major concern of the Advisory Council on Senior Citizens is housing for seniors; its cost, availability, design and what alternatives exist. Rent Review legislation which has been in effect in Ontario for some time was designed to help those persons living on a fixed income to cope with rapidly rising costs in rental accommodation. This legislation, however, was due to expire in July of 1977 and concern was expressed by many seniors with regard to removal of rent controls and their ability to pay if they were removed.

As a result, the Rent Review Task Group was created to deal with this issue and prepared the following resolution which was forwarded to the Government:

WHEREAS the present Rent Review legislation is due to expire on July 21, 1977; and

WHEREAS Senior Citizens are in a particularly precarious position because their income has not increased proportionally to the increase in rents; and

WHEREAS the present legislation has been successful in slowing down the increase in rents and in bringing to an end the abnormally large increases in monthly rents, the original reason for Rent Review; and

WHEREAS the vacancy rate is still very much too low to provide the choice necessary to render effective the normal market forces of supply and demand; and

WHEREAS there are still insufficient housing starts to provide this level of choice in the near future;

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

The Government of Ontario continue a Rent Review Program which will ensure that Senior Citizens, and other low income groups, will be able to hold their increases in housing costs approximately proportionate to the average rate of increase in their incomes.

Accompanying the resolution was a background paper pointing out the positive effects of rent controls for senior citizens and outlining the Council's perspective on living arrangements for senior citizens:

Background to Rent Review Resolution

- 1) Senior Citizens are particularly vulnerable with respect to increases in housing costs because so many are at the lower end of the income scale.
- 2) The present Rent Review legislation has been effective both in preventing abnormally large rent increases, and in the acceptance of its administrative operation by both tenants and landlords. However, it would be well if the new legislation could be administratively streamlined, and strengthened in the tenants ability to present their case before the Rent Review authorities.

- 3) An undesirable side-effect of Rent Review is its effect in further restricting an already unsatisfactory market condition. In association with other negative factors it tends to strengthen the downward trend in private investment in apartment building.
- 4) It is essential to evaluate Rent Review legislation in the context of a broader housing program:
 - (a) The essential requirements are, on the one hand, an increased supply of housing – private dwellings, condominiums, apartments, and, on the other, the widest possible choice in terms of size; location, and density.
 - (b) With particular reference to Senior Citizens, there appears to be a continuing need for rental accommodation, which recent experience has demonstrated requires the widespread involvement of the public sector in financing construction, subsidization of mortgage and rental rates, and in last resort situations, the ownership and management of some housing units.
 - (c) Because home ownership has been an important part of our history, it is essential that our housing policy provide necessary support to Seniors who wish to remain in their own homes. This support would include reduction in real estate taxes or increased tax credits, financial assistance with maintenance, and home help services.
- 5) Planning for Senior Citizen housing should be carried out within the overall context of the total population; not just housing for Seniors but housing for everybody; not housing for a single separated group but for people of all ages; not one single pattern of housing for the aged but a wide choice permitting Seniors to live with their peers or others; to be near community services which accept them in their own right; in fact, to live in and with the larger community as full participating and sharing members.

Property Tax Reform

During 1976, the Ontario Government proposed a new system of taxation for properties in the province. After intensive study of existing property tax structures however, the Government created the Blair Commission on Property Tax Reform to hear the concerns of citizens throughout the province regarding the proposal to have all municipal property taxes calculated on the market value assessment of the property.

In view of the potential effect market value assessment would have on Senior Citizens in Ontario, the Property Tax Reform Task Group was created to respond at the Blair Commission's public hearing in Toronto and presented the following brief:

I Background

In 1978, all municipal property taxes will be calculated on the market value assessment of the property. The market value assessment will indicate the probable selling price of that property in the realty market.

The present assessment system is outdated and several inconsistencies are apparent. These inconsistencies include such items as faulty assessments, out-of-date assessments and in some cases non-assessment.

A great number of properties in Ontario are currently not paying taxes and municipalities levy different mill rates on residential and commercial properties. The new system will simplify the mill rate and greatly reduce the number of properties exempted from property tax.

The new assessment system should ensure an efficient, consistent, equitable assessment for every property across the province.

Several steps have been taken by the Government to assist market value assessment:

- (a) A commission has been established to hear the views of residents throughout Ontario on market value assessment.
- (b) The Ontario Government has already assessed all property in Ontario at market value.
- (c) The right to appeal is open if one feels their tax is unjust.
- (d) Property will be reassessed every two years.
- (e) Assessors will be properly trained. The assessment commissioners will oversee the assessments made and check up on the accuracy of each assessor.

II Concerns

(A) The Assessment and the Assessor

The assessor's role will be downplayed in the new system. The potential sales price of a property is the objective criterion used for assessment. The assessor's job is to calculate a potential selling price. By comparing the sale price of properties sold in the

vicinity, the assessor can come to a potential sale price on a particular property.

We are concerned that the assessors may yet produce unrealistic or incorrect assessments. It is our hope that every individual taxpayer will scrutinize his assessment carefully when received.

(B) Power of Municipalities

Mill rates in the past differed between residential land and commercial property. Under the new system, one mill rate will be charged but the base of this charge will be 50% for residential and 100% for other properties. The new mill rate for the majority of municipalities will decrease significantly to account for increased assessments and will hopefully result in no general increase in taxes.

The Council is concerned that some municipalities will utilize the change to increase their budgets or revenue by not lowering the mill rate sufficiently. It is important that some control be established by the province to prevent this type of abuse. The control could be guidelines set out by the Province limiting any increases from last year's budget to a specified percentage unless justified by a work project or financial necessity. A penalty of lowered provincial grants to municipalities could be levied to those municipalities who abuse the system.

(C) Effect of New System on Seniors

The increased assessment will result in higher taxes in many households. The people who live in homes that have out-dated or non-existent assessment will be especially hard hit. One group that can ill afford increased expenses are Senior Citizens, the majority of whom are on fixed incomes.

We are concerned that Seniors living in underassessed properties, and especially those who are living on fixed incomes, will suffer greatly upon introduction of the new assessment system. Even the proposed five-year transition period for those people whose taxes have increased the most will do little to alleviate the situation. Efforts must be made by all levels of government to compensate for increased taxes, and we propose a number of solutions which can be implemented by the Provincial Government (see part IV).

(D) Institutions

The Ontario Advisory Council on Senior Citizens strongly questions the proposed tax rate reform as it relates to Homes for the Aged and Charitable Institutions in the province of Ontario.

Regarding Homes for the Aged, which are not at the present time taxed, it would be necessary to build these additional costs into operating budgets at a time when there are serious provincial restraints affecting the operation.

Our concern is that any new add-on costs would not be outside the restraints, but, in effect, result in the need for further cut-backs, and could drastically affect the quality of service in these Homes.

We express even greater concern with regard to the Charitable Institutions which in many cases have already faced serious financial problems. With the present method of funding from the Province, any new add-on costs would have to be directly raised by the charitable organizations operating these Homes. We could very well jeopardize the future operation of these Homes which have contributed so much to the total network of services to older people in this province.

The Council strongly recommends that Municipal and Charitable Homes for the Aged be placed on an equal footing in terms of taxation and the grants which are to replace their property tax-free status. Any other arrangement would discriminate against the residents of Charitable Homes for the Aged.

III Current System of Tax Relief for Seniors

Three programmes are available to seniors to relieve the burden of property taxes:

- (A) Municipal and School Tax Credit Act (MSTCA)
- (B) Municipal Elderly Residents Assistance (MERA)
- (C) Ontario Property Tax Credits

There are several inadequacies within each programme:

- (A) Very few Seniors have utilized the Municipal and School Tax Credit assistance programme. Since 1967, out of 700,000 Seniors in Ontario, only 8,067 persons have received a credit under the Act. It should also be noted that a lien on property is the least desirable method for any individual to acquire tax relief. The size (\$150.00) and nature of this grant does not provide the needed help to cope with rising taxes and it is, in effect, a "last resort" for many.

Another problem exists when receiving a lien under the MSTCA. The Province indicates that a person when filling out the Ontario Tax Credit Form must deduct \$150.00 from the property tax on line 92 of the 1975 Income Tax Form. When calculating the occupancy cost for line 94, 10% of the occupancy cost is lost. If one receives a grant under MERA, it is understood that this grant is subtracted from the occupancy cost. The lien or \$150.00 grant under MSTCA, however, must be paid back and when the lien is repaid it cannot be claimed under the property tax credit. In this way, a person is unfairly taxed for 10% of the lien under MSTCA by not receiving it back in the form of a tax credit.

- (B) Municipal Elderly Residents Assistance is not available in all municipalities across Ontario. In view of the "optional" nature of this programme and its relative anonymity amongst Seniors, it has little effect in helping alleviate property taxes.
- (C) Ontario Tax Credits are at present the best and most viable method of providing assistance to Seniors to alleviate property taxes and high rent for non-home owners. Tax credits should therefore be increased.

In addition, the systems noted above present several difficulties when filling out the Ontario Tax Credit Form. These inconsistencies must also be noted and corrected.

IV Alternate Solutions

The Advisory Council recommends that in a reform of property taxes, a reform of the relief from property taxes be included. Cited below are a number of different proposals, each of which may be taken independently of all others or in conjunction with another solution.

1) Ontario Tax Credit System

- (a) raise the maximum of \$500.00 for Seniors in the total of Tax Credits (property + pensioner + sales).
- (b) Create a special Property Tax Credit section for Senior Citizens. The amounts available could be increased either by increasing the maximum occupancy cost (\$180.00) or by increasing the percentage of the occupancy cost taken from 10% to 20% or more.
- (c) The maximum occupancy cost available could be increased (from \$180.00) for everyone in the Property Tax Credits.
- (d) The percentage taken of the occupancy cost could be raised from 10% to 20% or more in the Property Taxes for everyone.
- (e) The Pensioner Tax Credits could be increased (from \$110.00).

2) Municipal and School Tax Credit Programme

This programme, in our opinion, does not provide a tax assistance. It adds a burden by passing a debt to the next generation.

3) Municipal Elderly Residents Assistance Programme

This programme should be made mandatory in all municipalities. Only in this way will the grant be available to all seniors in Ontario.

4) Education Taxes

Provide a gradual percentage reduction to seniors in education taxes beginning at age 65. Possibly a 5% reduction starting at 65 could apply and with complete deletion of this tax resulting at age 85.

Summary

- 1) Steps taken by the Government to assist the market value assessment:
 - (a) A commission has been established to hear the views of residents throughout Ontario on market value assessment.
 - (b) The Ontario Government has already assessed all property in Ontario at market value.
 - (c) The right to appeal is open if one feels their tax is unjust.

- (d) Property will be reassessed every two years.
- (e) Assessors will be properly trained. The assessment commissioners will oversee the assessments made and check up on the accuracy of each assessor.

2) Concerns:

- (a) Assessment and the assessor
- (b) Power of Municipalities
- (c) Effect of New System on Seniors
- (d) Institutions

3) Current Systems of Tax Relief for Seniors:

- (a) Municipal and School Tax Credit Assistance
- (b) Municipal Elderly Residents Assistance
- (c) Ontario Property Tax Credits

4) Alternate Solutions:

- (a) Ontario Tax Credit System – strengthen and increase
 - (i) Property Tax Credits
 - (ii) Pensioner Tax Credits
- (b) Municipal and School Tax Credit Assistance – delete
- (c) Municipal Elderly Residents Assistance – expand
- (d) Education Taxes – reduce

Alcoholism

The Advisory Council on Senior Citizens has heard an increasing concern expressed among health care professionals with regard to alcoholism among Senior Citizens. Little research, however, has been conducted in this area and it was felt a closer look was required.

Upon formation, the Task Group on Alcoholism contacted the Addiction Research Foundation who have conducted some research into the drinking problems among Seniors, noting that loneliness tends to be one of the major contributing factors with the older problem drinker.

A panel of guests composed of representatives from Alcoholics Anonymous and the Addiction Research Foundation spoke to Council at their February 1977 meeting. The discussion which highlighted the difficulties of dealing with alcoholism also attested to the significant problem of finding the alcoholic and helping that person come to the realization that a problem does indeed exist. The older problem drinker has in effect the same problems with alcohol as any other age group, but on the positive side members from the Addiction Research Foundation felt that rehabilitation could occur more quickly with a Senior, especially if that individual had turned to alcohol in his/her later years.

The Task Group will continue with their efforts under the Housing Committee in working towards a submission of their findings and recommendations.

Transportation

In the 1975-76 Annual Report of the Advisory Council on Senior Citizens, it was stated that of the thousands of responses to the Council's newsletter "Especially for Seniors", a large percentage of Senior Citizens commented on transportation needs.

Anticipating an ever-increasing need in transportation for Seniors, Council created a Task Group to help determine transportation requirements.

The Task Group began by investigating a small cross-section of Ontario communities in different geographical areas and what transportation facilities are available in each location. A more in-depth study is planned by the Task Group to not only determine what exists but what is needed. In addition, the Task Group members feel it is equally important to identify whether various types of transportation facilities are in fact feasible for use in terms of cost and numbers served. It has also come to Council's attention that the Ontario Advisory Council on the Physically Handicapped have through their recommendations to the Provincial Government, been instrumental in creating several transportation pilot projects for the physically handicapped. In view of the importance of the results of these projects the Ontario Senior Citizens Advisory Council hopes to work in conjunction with the Council on the Physically Handicapped in pressing forward their perspective on transportation for Senior Citizens.

Transportation needs for Senior Citizens is a difficult and complex question but one in which the Task Group hopes to make significant inroads toward helping Seniors in a vital way.

It is hoped to join with the Council on Handicapped at a later date when the reports are in from the pilot studies already undertaken.

Especially For Seniors

July 1977 marks the second anniversary of “Especially for Seniors”, a quarterly publication of the Ontario Advisory Council on Senior Citizens. The newsletter is distributed to some 740,000 residents of Ontario who are 65 years of age or older. We were told that our newsletter has now perhaps the largest circulation of any newspaper in Canada.

The content of “Especially for Seniors” is entirely under the control of the Advisory Council while the printing and distribution is most generously provided by the Government of Ontario.

The publication’s foremost objective is to provide Seniors with information and facts on a great variety of subjects. Here are some of the topics we covered:

- accounts on what the Advisory Council does on behalf of seniors, e.g. Revision of Ontario Human Rights Code to eliminate age discrimination, suggestions for Property Tax Reform, Benefits of Continuing Education . . .
- articles on government assistance programs and reminders when and how to apply for GIS, GAINS, OHIP . . .
- descriptions of successful community programs . . .
- sketches on contributions of individual Seniors . . .
- hints on health, nutrition, arts and crafts . . .

The second, and just as important objective, is to elicit the views and suggestions from Seniors for the use of the Advisory Council who can then add these to their own knowledge and findings in order to prepare well-documented recommendations to be submitted on behalf of Seniors to the Government of Ontario.

Thousands of letters pour into the office – a multitude of questions, problems and contributions are presented. The wealth of information given to us is staggering and the individual personal life stories fortify us in our belief that the myth of “losing your marbles at the stroke of 12 on your 65th birthday” is antiquated and false. Not everybody is happy – there are some serious problems and even complaints and we would be wrong in not acknowledging these needs. While we try to solve them for the individuals we also are given a guide in what areas we as a Council should set priorities and concentrate our efforts.

A third objective, one that emerged from the first two and was not really planned for, is the sharing of ideas between groups and communities. We reported on a city that provided transportation to a supermarket and a month later we heard from another town, hundreds of miles away, who are following the example. It is learning experience – if one group has succeeded why shouldn’t we try it?

Perhaps the best way to sum up the saga of our newsletter and its readers is to quote some excerpts from letters.

- I enjoy your quarterly paper very much as I too am a lonely gal sometimes when I let the past happy years take over my common sense . . . But – no time to be lonely – I do volunteer hospital work, help with bookkeeping in a beauty salon in a nursing home. During the unbearable winter days I look through my cookbook collection and pretend that I am cooking again for the dozen or so people in tobacco harvests . . . a hundred years ago. I am disappointed when I see Seniors not contributing to the community.
- Death with Dignity – yes, not only for us Seniors but for all. In the past years I have nursed people, young and old, with strong bodies but only “vegetables”, a good strong heart is no good to a brain that cannot be repaired.
- Those who want to move and are still good at their jobs but are forced to retire, cannot cope after a lifetime of action – some only go home, curl up and die.
- No one has any right to end a person’s life – that is God’s prerogative. He is the one that gives life, a span of life and takes life back.
- For many years I ploughed the garden and field for my neighbour – a widow, who in turn looked after our sick children and brought gifts. There was never 5¢ exchanged – our lives were meager, but our world was governed by the commandment love thy neighbour as thyself.

The most dramatic and at the same time the most exhilarating experience was when a gentleman walked into our office clutching a well-worn issue of the newsletter. His visit was to thank us for saving his eyesight. An article in the newsletter outlined symptoms of various eye problems and he identified one that was bothering him.

Equipped with this information he went to a hospital clinic and by producing the article he received immediate attention and referral to a specialist who verified his “self-diagnosis” and took steps to remedy the ailment just in time.

The Ontario Advisory Council on Senior Citizens, and hopefully our readers, look at the newsletter as a link and an undertaking in making life easier, more enjoyable and more meaningful.

Our thanks to all who make it possible – the readers, the Government, the editor and all the contributors of contents.





**Annual Report
of the Ontario Advisory Council on
Senior Citizens 1977/78**



Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch

Dear Mrs. Birch:

It is with great pleasure that we present to you the fourth Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1978.

Sincerely,



DH Rapelje

Douglas H. Rapelje
Vice-chairman



Hope Holmsted

Hope Holmsted
Chairman

Council Members

<i>Holmested, Hope, Chairman</i>	<i>Richmond Hill</i>
<i>Rapelje, Douglas H., Vice-chairman</i>	<i>Welland</i>
<i>Abernethy, Wilson (resigned)</i>	<i>Toronto</i>
<i>Clark, Doris</i>	<i>Hamilton</i>
<i>Corbett, Mary (retired)</i>	<i>Cobourg</i>
<i>Corrigan, Anthony (resigned)</i>	<i>London</i>
<i>Enns, Betty Lynn</i>	<i>Kitchener</i>
<i>Girouard, Rosannette (retired)</i>	<i>Moonbeam</i>
<i>Gorfinkel, Jacob</i>	<i>Toronto</i>
<i>Griffin, Amy (retired)</i>	<i>London</i>
<i>Howe, Laura</i>	<i>Dryden</i>
<i>Johnston, Florence Jean</i>	<i>Thunder Bay</i>
<i>Kinsella, Patricia</i>	<i>Aurora</i>
<i>Lanctôt, Jean-Baptiste</i>	<i>Ottawa</i>
<i>Lerette, Jack (retired)</i>	<i>Toronto</i>
<i>MacPherson, Melvin (retired)</i>	<i>St. Catharines</i>
<i>Magee, Arthur</i>	<i>Timmins</i>
<i>Mantle, Audrey</i>	<i>Cornwall</i>
<i>McCready, Margaret</i>	<i>Toronto</i>
<i>Naldrett, Evelyn</i>	<i>Kingston</i>
<i>Penfold, Corabel (retired)</i>	<i>Toronto</i>
<i>Rehill, James</i>	<i>Stouffville</i>
<i>Schwenger, Cope</i>	<i>Toronto</i>
<i>Upshall, Allan</i>	<i>Toronto</i>
<i>Upshall, Walter (resigned)</i>	<i>Toronto</i>

Council's Office

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Donald MacGillivray, Administrative Assistant

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Chairman's Remarks

Upon the establishment of the Ontario Advisory Council on Senior Citizens in 1974 the Government of Ontario gave it a broad mandate encompassing every aspect of seniors' lives.

In this year's Annual Report I would like to underline an important and vital part of our mandate, namely, "... to further promote the development and creation of opportunities for *self-help* for the aged for their satisfaction and advantage as members of society as a whole".

Self-help is our Council's major target. We, as a Council, constantly challenge ourselves, and at the same time challenge senior citizens organizations, government ministries and agencies, as well as private individuals to look for and find ways to develop opportunities for *self-help* and assist society as a whole.

One of the steps we took in this area proved to be most constructive. Senior citizens groups and individuals were invited to meet with the Council and with representatives of concerned ministries in the Ontario Government. All were asked to seek ways by which seniors could help in promoting and maintaining Canadian Unity, conservation of energy and natural resources, fighting pollution, and so on. It was amazing to find the extent to which seniors are already involved and committed in both personal and group action. This was also supported by the numerous letters in response to an article on Canadian Unity in our newsletter "Especially for Seniors" which revealed the concern, the goodwill and willingness already in effect through many constructive activities.

There are four important steps, however, to be taken in order to build for more future stability and involvement.

The first step for the Council is to create an awareness of the need and responsibility for *self-help* on the part of those who are now labeled "old", and to recommend that government agencies, private groups, media and others create opportunities for older people to develop participatory skills in *self-help*. We also have to recognize and ensure that adequate income, tax rebates, credits, benefits, and ways of mobility are built in as an integral part of giving seniors the advantage of participating in *self-help* activities and opportunities.

The second thrust is for governments, business and industry to see that everyone is given an opportunity to prepare for retirement. These programs of preparation for retirement must contain the necessity for *self-help* and involvement in every area of concern.

The third, and perhaps the most vital step, is to invite the participation of the segment of our population who are predicted to create a crisis in the year 2000. They are people in their forties who will become senior citizens at a point in time when the population composition will undergo dramatic changes due to drastically declining birth rates and noticeably higher longevity of older people. This better educated and highly sophisticated group must therefore have the opportunity and responsibility to prepare themselves, mentally, physically and financially for the future. At this period of life the preparation will influence the creation of their own future life styles. If an effort of some magnitude is made in this respect there is a good chance to ensure their future.

The Science Council of Canada in its magazine "Perceptions" of July 11, 1976, makes comprehensive statements based on a broad background of research and study that alarm and challenge all levels of government and those agencies concerned with our older population. In the closing statement of his foreword, J. J. Shepherd, Executive Director of the Science Council says:

"Science and technology policy must concern itself with the development of 'soft' technical solutions which can be rapidly mobilized, readily applicable and easily adapted to changing circumstances. Surely the role of seniors is an intricate part of this future planning".

The Council's mandate indicates that we must look for these solutions. A strong stand must be taken if the seniors of our country are to fulfil their role in society with easy dignity and full acceptance as worthy contributors to the life of the total community.

Council members and staff are working towards these goals and I would like to thank them at this time for their efforts, their deep involvement and their genuine concern.



Remarques du Président

Au moment de la création du Conseil consultatif de l'âge d'or en 1974, le gouvernement de l'Ontario lui avait confié un vaste mandat touchant à tous les aspects de la vie des personnes âgées.

Dans le rapport annuel de cette année, j'aimerais faire ressortir une partie importante et essentielle de ce mandat, à savoir . . . inciter davantage les personnes âgées à l'initiative personnelle en créant et en mettant en valeur des activités qui leur donnent satisfaction et dont elles puissent retirer des avantages.

L'initiative personnelle est notre principal objectif. Nous recherchons constamment — et nous demandons aux organismes s'occupant de personnes âgées, aux ministères et organismes gouvernementaux, ainsi qu'aux particuliers de rechercher eux aussi — le moyen de donner à nos aînés la possibilité de s'aider eux-mêmes et d'aider la société tout entière.

L'une des mesures que nous avons prises à cet égard s'est avérée des plus constructives. Nous avons invité des personnes âgées, en groupes ou seules, à rencontrer des membres du Conseil et des représentants de certains ministères du gouvernement de l'Ontario. Nous leur avons demandé de chercher les moyens de participer à la défense et à la promotion de l'unité canadienne, à l'économie de l'énergie et des richesses naturelles, à la lutte contre la pollution, etc. Nous avons été surpris de constater à quel point les personnes âgées se préoccupent déjà, personnellement et collectivement, de toutes ces questions. Cette impression a été renforcée par les nombreuses lettres en réponse à un article sur l'unité canadienne qui a paru dans notre bulletin *Especially for Seniors*, lequel révélait leurs préoccupations, leur motivation et leur bonne volonté déjà concrétisées par de nombreuses activités créatives. Il nous faut cependant prendre quatre mesures importantes en vue d'une stabilité et d'une participation accrues à l'avenir.

La première mesure à prendre est de rendre ceux que nous appelons maintenant "vieux" conscients de la nécessité d'une initiative personnelle dont ils prendraient la responsabilité, et de recommander aux organismes gouvernementaux, groupes privés, média etc. de créer des activités qui permettent aux personnes âgées de développer des aptitudes à l'effort indépendant. Non contents d'offrir aux personnes âgées l'occasion de forger leurs propres initiatives personnelles, nous devons également leur assurer un revenu suffisant, des dégrèvements fiscaux, des possibilités de crédit et d'autres avantages.

La seconde mesure est du ressort des gouvernements, de l'industrie et du commerce qui doivent veiller à ce que tout le monde ait la possibilité de se préparer à la retraite. Les programmes de préparation à la retraite doivent faire intervenir l'initiative personnelle et la participation à tous les domaines d'intérêt.

La troisième mesure, et peut-être la plus importante, est de faire appel à la participation du secteur de la population qui est censé engendrer une crise en l'an 2000. Je veux parler des gens qui ont la quarantaine et arriveront au stade de la vieillesse au moment où la composition de la population aura complètement changé

à cause de la baisse abrupte de la natalité et de la longévité remarquablement plus élevée des personnes âgées. Ce groupe, mieux éduqué et averti, doit donc avoir la possibilité — et la responsabilité — de se préparer mentalement, physiquement et financièrement à l'avenir. C'est dès maintenant que ces personnes doivent se préparer à influencer leur futur mode de vie. Si un effort de quelque envergure est fait à cet égard, leur avenir est moins douteux.

Le Conseil des sciences du Canada, dans sa revue *Perceptions* du 11 juillet 1976 a fait certaines déclarations, basées sur de vastes recherches et études qui ont alarmé et fait réfléchir tous les paliers de gouvernement et les organismes s'occupant de personnes âgées. En conclusion de son avant-propos, J. J. Shepherd, directeur général du Conseil des sciences déclare:

"La science et la technologie doivent mettre au point des solutions techniques que l'on puisse mobiliser rapidement, appliquer facilement et modifier aisément en fonction des changements. Le rôle que doivent jouer les personnes âgées fait certainement partie de cette planification de l'avenir."

Le mandat du Conseil nous confie le soin de rechercher ces solutions. Nous devons adopter une attitude ferme si nous voulons que nos aînés trouvent leur voie dans la société avec dignité, leur remarquable contribution à la vie de la communauté tout entière pleinement acceptée.

Les membres du Conseil et notre personnel travaillent tous à la réalisation de ces objectifs et j'aimerais les remercier de leurs efforts, de leur profond dévouement et de leur intérêt sincère.



How We Function

The Ontario Advisory Council on Senior Citizens is a unique organization. It consists of 19 members who are appointed by the Government of Ontario to serve for a period of time to advise the Government on matters pertaining to aging. We come from various walks of life and geographical locations — some of us are senior citizens in our second or third careers of working with organizations or groups, some hold full-time jobs and positions in our chosen field of endeavor. There is one common denominator binding us together, however, and that is our mutual concern about senior citizens and their life-styles. The concern is augmented by our individual experiences and knowledge gained by working in our respective communities.

What are the ways we function? Due to time and supporting staff limitations we are continually searching for methods to work effectively and to achieve the maximum in results. To begin with, we have standing committees to deal with general areas of concern. These are:

Housing — or where you live. It encompasses living arrangements and life-styles of seniors in private accommodation or in institutions.

Health — deals with specific health needs of seniors and how these needs are being met, again in the community or institutions.

Education aims at two areas — one is that of education opportunities for seniors, the second is teaching of the young about aging.

Income Maintenance — deals with the financial aspects of our lives, costs of services, costs of food and shelter, taxes and pensions.

In addition to the four committees we would like to re-establish the Human Resources Committee whose aim is to encourage seniors to contribute to the community in any way possible and for the community to utilize the skills, talents and experience of our elderly.

Not everything falls neatly into the described compartments, either due to the specific nature of concern or due to time pressure. This necessitates establishing short-term task groups which deal with one issue such as Media, Transportation, Death with Dignity, Brief to the Ontario Royal Commission on Pensions, etc.

Committees, task groups and individual members research and prepare recommendations which then are debated and approved by the total Council for submission to the Government of Ontario. In the preparation of these recommendations and in whatever briefs or submissions the Council makes, members are drawing not only on their own expertise but on a wide-range of community and government resources. We have consulted with individuals and groups from our senior citizen population and elicited their advice as they are the ones in the community knowledgeable of concerns and needs. We have been greatly assisted by professionals from both government and private agencies who have shared with us their views and findings. While we

as a Council speak on behalf of seniors, we firmly believe that it is the seniors and those working with them who formulate our thoughts. Together we can achieve a better future for those who are older today and those who will be older tomorrow and in the many days to come.

Transportation Study and Guide

Transportation ranks third in problems affecting senior citizens, a study conducted by a task force from the Advisory Council on Senior Citizens has concluded.

Only lack of money and restrictions due to poor health rate higher in the troubles facing older people.

Initially, the project which began in 1975, made a study of transportation services in 15 Ontario communities. The findings were so significant, both in terms of what was available and what was not, that the committee recommended that the study be enlarged.

The report documents findings in 43 communities. It covered population concentrations ranging from Vermillion Bay, with 400 residents, to St. Catharines with 123,351, and the geographical locations covered every area of the province.

The committee responsible for the project gathered its information mainly in two ways: direct contacts to obtain basic facts; and a questionnaire to seniors to elicit their assessment of present services, and their judgement as to additional services needed to enable them to look after their needs and to participate effectively in community affairs.

The information gathered shows great contrast in the type of service available. Public transportation cannot be expected to cover all the needs of senior citizens immediately, but the report indicated that some fairly large communities should be planning at least a bare-bones service. However, it is in the smaller and more isolated communities that senior citizens may be most restricted in mobility. Over and over again, reports indicated the overwhelming reliance on taxis, but at rates many senior citizens cannot afford. It is the strong conviction of the Council that seniors everywhere should be involved in demonstrating the need and participating in the planning of all transportation services which can improve their quality of life.

Although the report clearly showed that there are many areas where reasonable transportation for seniors is available, on the other hand there are other areas where the service is certainly not satisfactory. From an overall point of view, the review clearly identified three main concerns:

- (1) Transportation is a major factor in determining the quality and type of life-style of senior citizens.
- (2) Inadequate and insufficient mobility has a detrimental influence on the lives of senior citizens.
- (3) There is a lack of concern and concentrated effort for ensuring that adequate and appropriate transportation is available for seniors.

The committee, emphasizing that every citizen should have "access to opportunity" and that more consideration must be given to the special mobility problems of seniors, made the following recommendations.

1. Transportation for senior citizens must be adopted as a priority. It must not remain responsive only to isolated and emergency needs, but must be considered an integral part of all programs and services. Neither public nor private agencies can be expected to provide the total package of transportation services — co-ordination is one of the keys to avoid duplication.

2. Guidelines for developing community transportation programs must be outlined. Many communities have established a wide range of successful programs. Guidelines must be established to develop adequate transportation in individual communities and attention must be given to the various funding sources which can be used for programs and equipment.

3. Short-term strategies should include:

- (a) Special needs of the older population as a basic component of all future transit studies.
- (b) Recognition of a group of "officially" handicapped senior citizens requiring parallel transportation. The report recommends a co-ordinated effort with the Ontario Advisory Council on the Physically Handicapped to ensure they receive adequate transportation services.
- (c) Immediate increased emphasis on the provision of certain modifications which make public transit more usable by seniors must include: modifications in bus design, including lower entrance and exit steps; grab-bars at entrances; reflector tape on grab-bars and stanchions; shelters and benches at strategic locations.
- (d) Reimbursement to volunteer drivers using their own cars.
- (e) Subsidization of taxis where volunteer driving programs have not been established.

4. Long-term strategies must include bringing to the attention of appropriate provincial authorities the following requirements:

- (a) To plan transportation services that will allow maximum utilization of the services by all citizens.
- (b) To purchase equipment that will meet the needs of all citizens.
- (c) To provide education for all transit personnel about the older population.
- (d) To research and evaluate alternatives to fixed route and fixed schedule approaches for individual communities.

5. Alerting Ontario municipalities to the need of providing adequate and appropriate transportation for the older population.

6. Alerting senior citizens of their responsibility:

- (a) To appeal to government bodies, federal, provincial and municipal for improved transportation services.
- (b) To approach service clubs, churches, social agencies and volunteer agencies to request their involvement in the provision of transportation services.
- (c) To organize transportation programs in their communities in consultation with the "How To Get Around" booklet by the O.A.C. on S.C.

Following acceptance by the Advisory Council on Senior Citizens, the report was presented to the Honourable

Margaret Birch, Provincial Secretary for Social Development. After she had reviewed and approved the report she sent it to her colleague, the Minister of Communications and Transportation. This made possible some useful discussions with officials of that ministry.

The booklet “How To Get Around” was prepared by the Council and brings together some useful ideas about how senior citizens can go about getting improved transportation services. This booklet is now available at the Council office.

In the coming year, the Council plans to follow up on the action leads necessary to ensure that seniors everywhere will be assured of both access to services and access to opportunity. For, without acceptance of their willingness and ability to contribute, the community will be ignoring a valuable human resource, and senior citizens will be denied the active community participation which is at the core of the human condition.

The quality of life of senior citizens cannot be divorced from the quality of life of the community as a whole.

Brief to the Royal Commission on Status of Pensions in Ontario

The Ontario Advisory Council on Senior Citizens studied the issue of pensions in this province and subsequently presented a brief to the recently established Royal Commission on Pensions. A summary of the brief is as follows.

The Council's major concern is the situation of pensioners on fixed income whose pensions are affected by inflation. The obvious remedy is to provide for pension incomes to be adjusted to offset the effects of inflation and to preserve the purchasing power of the pensioner.

Indexing or escalation to offset rising prices should be an integral part of all employer-employee pensions.

However, indexing pensions which are now being paid is a major problem, even if it were started on a current basis. Full indexing for many employers' pension funds may be too expensive.

Because Old Age Security, the Guaranteed Income Supplement and GAINS are all fully indexed, the Council recommended that at least a partial indexing of benefits should be required in all plans.

The philosophy behind the Council's position on pensions is that all senior citizens should receive an income at least sufficient to procure the basic necessities of life. This income should be adjusted periodically to protect the seniors' purchasing power from the devaluating effects of inflation.

Total income for seniors is seen as having three components: Individual income (private pensions, Canada Pension Plan, which is work-related, savings, etc.); universal Old Age Security; and government supplements based on need.

Determination of what is an adequate retirement pension (private) depends on a personal judgement of what is needed to provide a desired standard of living. When expressed in dollars this is liable to require more than can be provided from public funds.

The Council strongly believes that individual initiative should be encouraged and rewarded. It should be possible for individuals to save and invest in order to provide additional income for their retired life.

Private pension plans in industry, government and non-profit organizations should be mandatory and both employers and employees should contribute.

Under the Ontario Pension Benefits Act an employee who has been a member of his pension plan for 10 years and is 45 years old has a vested right in the annuity value at normal retirement age. Consequently he may not withdraw the contributions he has made.

The Council acknowledges that many who leave under the 10-year and 45 year-of-age deadline are anxious to obtain the immediate cash value of their contributions, but the Council does not wholly agree with the present regulations.

To overcome the common complaint that those who work for several employers in the course of their working career often retire without any private pension, Council

recommends locking in of contributions after two years and that the age requirement be removed.

Portability of pension plans would be extremely difficult and expensive to set up, so Council suggests that portability be achieved by insistence on a simple election.

When an employee leaves an employer in whose pension plan he has a vested right, he should be made to indicate in writing his choice of a deferred annuity or the transfer of the present value of his benefits into a Registered Retirement Savings plan in his name.

In that way a person who had belonged to several private pension plans during his working life would receive, on retirement or at a determined age, a monthly benefit composed of several deferred annuities or annuities purchased on de-registration of RRSP's. The RRSP would contain a locking-in agreement.

Benefits should be provided for the surviving spouse or orphaned children in private plans.

In the area of government pensions there have been suggestions made recently that Old Age Security become "income-related" or "selective" and that it be paid only to those who need it.

Council, however, does not agree. It recommended no increase in the Old Age Security rate except for indexing in accordance with the cost of living. The brief points out that OAS is subject to income tax and some of it is returned to both the federal and provincial governments.

A large percentage of senior citizens have low incomes, the lower 50 per cent receive some Guaranteed Income Supplement and another 25 to 30 per cent are borderline with respect to income sufficient for basic necessities.

Present-day pensioners, and many not yet retired, contributed directly into the Old Age Security fund with the clear understanding that they were buying their old age pension. They are well aware that these contributions have been integrated into the total tax structure.

If Old Age Security is kept at its present rate, except for indexing, the Guaranteed Income Supplement program must continue as at present. If additional funds for Old Age Security become available, Council recommends they be used to increase the rate of the Supplement. This would bring additional income to those who need it most, including some who are just above the Guaranteed Income Supplement cut-off rate.

Major weakness of the Guaranteed Annual Income System (GAINS) is that it removes completely the incentive to work or save on the part of those who qualify. Council recommended a study to see if a reduction formula can be devised to offset this weakness.

GAINS would not be needed if GIS were serving the purpose for which it was intended. However, in the meantime, Council recommended GAINS be continued in its present form.

The Spouses Allowance under the GIS program, which provides GIS for persons in the 60 to 65 age group who are spouses of OAS recipients subject to a family

income limit, has elements of unfairness and discrimination, according to the brief. A person qualifies only by being a spouse of an Old Age Security recipient.

Until a more reasonable program is available, Council recommends the fullest possible use of the Canada Assistance Plan to help those under-age-65 spouses of deceased Old Age pensioners who meet the qualifications of age, residence and income as well as single persons between 60 and 65 who meet the same requirements.

Two years ago, the Council submitted a brief to the Blair Commission on Property Tax Reform suggesting several methods of relieving seniors of the onerous burden of property taxes. One was to increase the present \$500.00 maximum Ontario Tax Credit; a second was an increase in the Pensioner Tax Credit. Another was to provide a gradual percentage reduction in education taxes starting at age 65 and increasing by five per cent per year so that by age 85 a citizen would no longer pay the education portion of the property tax.

The Pension Brief noted that many older people do not see the relationship between Tax Credits and the reduction of the Education Tax. The Council also felt that it would seem important for the Ontario Government to lay more emphasis on the purpose of tax credits and to search for a means of making the relationship more apparent.

These are the highlights from the Council's Brief on Pensions. A full text is available upon request from the Council's office.

Council's response to the Report of the Interministerial Committee on Residential Services

Four strong recommendations covering Home Care Administration, Impact of Charging, Local Co-ordination and Institutional Arrangements for Senior Citizens in Residential Care have been sent to the Hon. Margaret Birch, Provincial Secretary for Social Development, by the Ontario Advisory Council on Senior Citizens.

The recommendations were a reaction to the voluminous study brought out by the government entitled the Report of the Interministerial Committee on Residential Services. It deals with both children and adults, but the Council on Seniors concerned itself only with the elderly in the province who are affected — about eight per cent of a total of more than 750,000 people 65 years of age and over.

The Report is an excellent self-analysis of legislation governing services and the present status of services provided by the government in this province. In responding to the Report, the Council based its recommendations on the firm belief that seniors should remain in their own communities as long as possible and to delay and even prevent institutionalization.

Therefore, the first recommendation deals with Home Support Services which at present are not always readily available, sometimes inaccessible and not well co-ordinated. The Ontario Advisory Council on Senior Citizens recommends that

All Home Support Services be administered by one ministry at the provincial level and the consensus is that it be the Ministry of Community and Social Services. (Some such services are now the responsibility of the Ministry of Health.)

The intention of the second recommendation is to eliminate the present financial incentives for individuals to be registered under higher levels of care which they may not need but which cost less because they are funded through the OHIP program.

When levying fees against an individual going into an institution it should be borne in mind that he or she will face demands on his income when re-entering the community. The spouse of an institutionalized person can suffer financially — hence the sliding scale.

The recommendation reads:

Ontario Advisory Council on Senior Citizens recommends that a universal per diem charge for the four broad categories of continuing care — Chronic, Extended, Intermediate and Residential be instituted. For those whose incomes exceed the minimum provided by Old Age Security, GAINS, and GIS, there be a sliding scale of per diem charges based on income with due regard to family needs and not exceeding a determined maximum residential rate.

The third recommendation deals with assessment, placement, and co-ordination of institutional services

for seniors. It was agreed that for seniors who may find it necessary to enter a residential care institution either permanently or temporarily there must be some reassurance that he or she will be in the right place at the right time.

People must have a right to make some sort of choice and a sensitive assessment will be the key to achieving this goal. At the moment there exists a false general attitude that entering a residential facility is a permanent state. An educational program is required to change this point of view and emphasize rehabilitation. However, the most serious problems at present are possibly in the area of screening, placement, provision of adequate information and referral services. Subsequently the following recommendation was made:

Ontario Advisory Council on Senior Citizens recommends the establishment of independent local co-ordinating agencies responsible for the assessment, placement and co-ordination of services for seniors entering continuing care institutions and referral for Home Support Services if institutional care is not required.

The fourth recommendation addresses administration of residential care services. At the present time two Ontario government ministries are involved in administration: the Ministry of Health looks after Chronic Care Hospitals and Nursing Homes and the Ministry of Community and Social Services looks after Homes for the Aged and Charitable Institutions. It was agreed that one ministry should administer all the services, therefore:

Ontario Advisory Council on Senior Citizens recommends that all residential care institutions be placed under The Ministry of Community and Social Services to ensure uniform standards and funding and co-ordination of admission policies.

Recommendations

Research in Arthritis

Some time ago the United Senior Citizens of Ontario submitted to the Government of Ontario a resolution concerning research in arthritis. The Council felt that it was a vital issue and have therefore prepared a recommendation backing up the U.S.C.O. presentation.

Our Council feels that this resolution is important in view of the terrible effect of arthritis on older people:

WHEREAS there often is general physical deterioration and numerous pathological conditions in people as they grow older; and

WHEREAS many seniors develop crippling and disabling illnesses such as arthritis which render them partially or fully immobilized and often dependent to an increasing degree on others for personal needs; and

WHEREAS these ailments are not killing diseases and so priorities may tend to be directed to other disorders;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Provincial Government through its new Provincial Lottery give high priority to research in arthritis as it is one of the most prevalent and crippling diseases in the later years.

The Council has received a reply that a major sub-program of the Provincial Lottery awards program is for block-grants to research agencies with extramural grants programs. We were also informed that while funds are not designated for specific diseases, research agencies such as the Canadian Arthritis and Rheumatism Society can apply for block funding under the program. Accordingly the Council encouraged the C.A.R.S. to further pursue this matter.

Subsequently, the Council was very pleased to learn that \$500,000 was awarded to the Arthritis Society from the Provincial Lottery grants awarded to medical research. These monies are to be used for a multidisciplinary research study on understanding arthritis in the elderly.

Security and Safety

The Council is concerned with the security and safety of senior citizens, and has examined the present situation and approved the following recommendation. While the recommendation was submitted to the Government of Ontario, the Council recognizes that one stage of it addresses a Federal Government department; this was done in view of the necessity for all older Canadians to be aware of safety and security and moreover have the opportunity to learn about these issues.

WHEREAS there is a growing public concern with regard to protection and safety of older people living in their homes and in the community, and

WHEREAS the Council has examined safety programmes and material especially designed to help older persons to deal effectively with problems of security and safety, and

WHEREAS the Council encourages and supports the principle of older persons remaining in their homes, and

WHEREAS the Council concludes that safety and protection information is not widely distributed nor readily available, and

WHEREAS the whole area of safety and security is very diversified, including, for example, property and personal protection, home safety, fire prevention, accident prevention, safety tips for travellers, and

WHEREAS people in receipt of Old Age Security now receive helpful information through brochures enclosed with pension cheques, and

WHEREAS there is a need for educational programmes to provide information on Home Security, Accident Prevention, and Community Safety to assist older people on dealing with these serious problems,

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- 1 The Department of National Health and Welfare distribute a series of brochures containing information on accident prevention, home security, and safety;*
- 2 C.B.C., O.E.C.A., Radio, Newspapers, and local media develop a series of documentary programmes and articles that would inform and alert older people and their families on more effective ways to deal with general safety and security needs.*

Audio-Visual Aids to Promote Physical Fitness

Following discussions with the Ministry of Culture and Recreation and also based on personal experience and findings, it became apparent that certain audio-visual aids could promote the concept of physical fitness for seniors. While the Council recognizes the efforts made by the Ministry of Culture and Recreation, there is a need to further promote this concern, hence the following recommendation was approved by the Council and submitted to the Government of Ontario:

WHEREAS very little Canadian audio-visual materials are available on physical fitness for seniors, and

WHEREAS there is a growing number of older people, and a need to encourage them to participate in physical fitness programmes, and

WHEREAS physical fitness programmes will help seniors remain active and possibly help prevent the need for long term care, and

WHEREAS there is a need to promote the recreational aspects of physical fitness and the value of group participation among seniors in this regard, and

WHEREAS fitness can be fun,

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Culture and Recreation produce films and/or cassette tapes depicting physical fitness programmes for seniors. The films would use seniors themselves as the demonstrators to encourage other older adults to participate.

Training of Administrators of Long-Term Care Facilities

The Council looked into the area of training of administrators of long-term facilities and submitted to the Government of Ontario the following recommendations:

WHEREAS at the present time there are two courses available in Ontario to persons engaged in or persons going into the field of long-term institutional care of the elderly, and

WHEREAS these courses can be taken by correspondence or by personal attendance, and

WHEREAS the recruitment of personnel for employment as Administrators is not based on any specified educational background, attendance at the above courses is extremely important, and

WHEREAS the work in institutions is undergoing a constant change and requires continuous training to keep abreast with innovative methods and programmes,

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Part of the above courses include an on-the-job training or internship for the duration of not less than two weeks in each year of the course. This internship should take place in selected institutions able to provide the most varied experience in programmes and attitudes as well as qualified supervision.

The two courses referred to above are a Course offered at McMaster University by the Ontario Association of Homes for the Aged in consultation with the Senior Citizens Branch and Office on Aging of the Ministry of Community and Social Services, and a Course on Organizational Management by Extended Care under the Canadian Hospital Association.

These recommendations were received by the Honourable Margaret Birch, Secretary for Social Development who in turn passed them to the Ministers of Health and Community and Social Services. The latter ministry gave full support to the recommendations and the Director of the Senior Citizens Branch and Office on Aging, Mr. Lawrence Crawford has implemented much of what the recommendation called for. Furthermore the Ministry of Health advised the Ontario Nursing Home Association of the actions taken by the Ministry of Community and Social Services and encouraged them to provide information on some of the internship programmes they now operate. The Ministry of Health has also offered to assist the Nursing Home Association in upgrading the training for administering Long-Term Care Facilities.

Legislation to control Establishment and Operation of Retirement Homes

There is lack of legislative control over residences for senior citizens at present loosely organized under titles such as Retirement Homes, Rest Homes, etc.

Council members are aware of recent questions raised on the control measures on these types of living accom-

modations for senior citizens and feel strongly about the need for standards to be established. If controls are implemented, we feel that seniors will have yet another choice in living accommodation but one in which they will feel a certain degree of confidence and safety.

Therefore the following recommendation was unanimously accepted and submitted to the Government of Ontario:

The Ontario Advisory Council on Senior Citizens is gravely concerned with the lack of controls of private facilities housing a number of seniors under the names of a "retirement home", a "rest home", or a "group home", etc.

We firmly believe we have to continue efforts in upgrading living arrangements for seniors and we also believe in seniors having a choice of their own life-styles, including choice of living accommodation.

Some existing facilities, however, and some newly established ones fall into categories which are outside of the jurisdiction of any governmental control, whether at the municipal or provincial level.

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Government of Ontario, through its existing authorities, immediately implement legislation governing the establishment and operation of facilities for senior citizens, be they Boarding Homes, Retirement Homes, Group Homes, etc.

Subsequently, Mr. Douglas Rapelje was invited to participate in an exploratory seminar conducted by an Interministerial Committee on Legislation of Retirement Homes. The Committee is now preparing a report on this important issue.

Day Care Programmes

The Council firmly believes that Day Care Programmes are a viable alternative to full institutionalization and that these programmes are also helpful in easing the transition for those seniors who have to enter an institution. Day Care Programmes also provide a choice and one which is beneficial in a variety of ways. At the present time, however, the programmes vary in content and there is a need for defining the standards and aims of Day Care. The Council therefore submitted to the Government of Ontario the following recommendations:

WHEREAS Day Care for seniors is a supportive programme beneficial to both seniors and their families, in facilitating many seniors to remain in their own homes, while continuing active participation in the community, and

WHEREAS restorative care in long term care facilities enables residents to return to the community with the supportive service of care, and

WHEREAS it is acknowledged that the admission of seniors to long term care facilities has to be reduced or postponed, and

WHEREAS there is a freeze on the construction of additional long term care facilities, and

WHEREAS the costs of a Day Care Programme as compared to long term care costs will result in considerable savings, and

WHEREAS the development of preventative and support programmes will only be successful through proper funding by provincial/municipal arrangements for capital and operating expenses as well as financial assistance when necessary to individual participants, and

WHEREAS the study on Senior Citizens Day Care in Regional Niagara (six months study released in November 1977) and the existing Day Care Programmes in Ontario thoroughly document and demonstrate the value and potential of such a programme.

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Government of Ontario give immediate consideration to the provision and funding of Day Care Programmes for seniors to operate in conjunction with long term care facilities, or other appropriate facilities, in order to serve those older citizens otherwise needing long term care, with the aim of either slowing down or postponing their admission into a long term care facility.

At present, there are several Day Care Programmes for seniors in operation in Ontario although they are limited to a relatively small number of institutions. The Ministry of Community and Social Services see a great deal of benefit in this recommendation and Council will continue to press for expansion of Day Care for Seniors in Ontario.

Policies Affecting the Quality of Life in Long-Term Care Facilities

The Council is concerned with quality of life of seniors residing in long-term care facilities. A survey was conducted by us last year and the findings based on data collected appear in our 1976-77 Annual Report.

Based on the survey the Council passed and submitted the following recommendations:

WHEREAS the project undertaken by the Ontario Advisory Council on Senior Citizens on Policies Affecting the Life Styles of Residents in Long-Term Care Facilities reveals varying policies in institutions throughout Ontario, and

WHEREAS Boards of Management and Administrative Staff should review policies as they relate to the quality of life and life styles on a regular basis, and

WHEREAS the information gathered from across Ontario through the study serves as a guide in reflecting the trends of policies in sensitive areas.

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministries of Community and Social Services and Health request the boards and administrations of all Long-Term Care Facilities, using the report of this Council as a guide, to carefully review their present policies with a view to making changes, where appropriate to improve life styles and quality of life in long-term facilities.

We are pleased to note that the Ministry of Health has acted on this recommendation by distributing Council's study on Policies Affecting the Quality of Life in Long-Term Care Facilities to institutions under their jurisdiction.

Block Funding

At the Council meeting in March, 1978, the new system of Block Funding for the Ministry of Community and Social Services was discussed and as a result Council members wished to stress their approval and commend the provincial government on the agreement made with the federal government. They felt the advent of block funding would bring many advantages, most notably in increased autonomy in allotting funds to programmes of the province's choice and priority.

In addition, the extra funds which will be available through block funding and the issue of federal funding for programmes which were previously funded 100% by the province would no doubt aid Ontario economically.

In this regard, the Council stressed the need for social service funds to support and stimulate community support services to seniors. To this end they recommended priority be given to the following related areas:

- 1 Chronic Home Care
- 2 Day Care for Seniors
- 3 Senior Citizens Assistance Programmes (Handyman Services)
- 4 Senior Citizens Centres
- 5 Transportation

Ontario, Council believes, is moving toward policies which reflect the need to base services in the community for seniors to help them remain as independent as possible. Moreover, such services allow a choice of life styles for all seniors in Ontario. It is in this spirit that Council urged the government to take action in taking advantage of block funding.

Senior Citizens Clubs, Centres and Multi-Purpose Centres

Based on the Council's information gathered from direct experience and meetings with personnel involved in senior citizens clubs, centres and multi-purpose centres, a recommendation encompassing this area was submitted to the Government of Ontario:

WHEREAS there has been a steady growth of Senior Citizen Clubs, Recreation Centres and Multi-purpose Centres for Senior Citizens in Ontario, and

WHEREAS the importance of these programs increases as the number of older people increases, and

WHEREAS these programs are supportive in keeping older people in their own homes in the community, and

WHEREAS there is a need for information, guidelines and documentation of the potential programs and services that can evolve from these Clubs, Centres and Multipurpose Centres.

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS TO THE PROVINCIAL GOVERNMENT THAT:

They request the Ontario Senior Citizens Centres Association to make a study and prepare guidelines for distribution which would assist senior citizens and others with program development and evaluation. This publication would:

- a *Clearly define the role and purpose of Senior Citizens Clubs, Recreation Centres and Multi-purpose Centres;*
- b *State the goals and objectives of the above type of program;*
- c *Document the types of programs and services that could potentially be provided from these different programs as an administrative guide and for evaluation;*
- d *Develop administrative procedures for above programs that would encourage senior citizens to be involved and would assist both self operated programs and those with staff;*
- e *The guidelines should be written in a clear format and simple language.*

Amendment to Regulation 323/72

Following several complaints received by Council members, study was launched into the reason why former residents of Ontario who return to the province after living abroad are not allowed to apply for extended care services. It was found that under present legislation former residents returning to Ontario must wait twelve months before they are allowed to apply for extended care services. Concern was expressed by members that in some situations a person who has resided in Ontario for many years and then lived abroad may find himself forced to return to Ontario because of declining health. Therefore, the following recommendation was submitted to the Government of Ontario:

Ontario Regulation 323/72 under The Health Insurance Act 1972, Section 41, Subsection (4), Clause (a) required that the recipient of the insured services has been ordinarily resident in Ontario during the twelve months immediately preceding his application for the Extended Care Services.

It is understood that the original intent of this clause was to dissuade persons from other countries coming to Ontario for their nursing home care.

However, one of the side effects has been that people who have lived in Ontario for many years and moved elsewhere, and then after some time decided to return to Ontario and receive Extended Care Services, are now subject to this residency clause.

The present regulation, not by intent but by exclusion of the rights of Ontario residents, penalizes those who have been absent and thus groups them together with any new arrivals to this province.

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT THE RESIDENCE QUALIFICATIONS BE REDEFINED BY MEANS OF THE FOLLOWING CLAUSE:

"Requires that the recipient of the Insured Services has been ordinarily resident in Ontario during the twelve months immediately preceding his application for the Extended Care Services, OR, prior to his application date he must have resided in Ontario for a continuous period of, or for periods the aggregate of which is twenty years after attaining the age of eighteen years."

The Ministry of Health, who in turn received this recom-

mendation felt this suggestion had merit although because of its financial implication could not be implemented. Council will continue to monitor the situation.

Report on the Care of the Elderly in Acute General and Chronic Hospitals

After several months of study and work with the Ministry of Health and various institutions, a report was prepared by Sister Audrey Mantle and submitted for discussion at the January 1978 Council meeting.

As a result of the discussion, the report's five recommendations were submitted to the Honourable Margaret Birch. The recommendations read as follows:

- 1 *That the need for Assessment and Placement Services be accepted. We believe that the organization of such services should be as autonomous as possible.*
- 2 *That specialized educational programmes regarding the aging process and the elderly be made available for professionals in the health and social welfare fields.*
- 3 *That research in the area of institutionalization of the elderly be carried out.*
- 4 *That financial incentives be built into proper placement of the elderly. It should not be financially advantageous to remain at the costliest and sometimes inappropriate level of care rather than a less expensive and more appropriate level of care.*
- 5 *That before unused or closed active treatment beds be converted for chronic use, sufficient study be done to insure that such conversion would indeed be advantageous to the elderly and less costly to the system.*

Palliative Care Units

The Council considered most carefully the whole subject of Death with Dignity. It was agreed that it was an extremely controversial topic and no final opinions could be formulated. However, members expressed their belief that provisions could be suggested and made available to allow people a choice of their own destiny. To this effect a recommendation was passed by the Council for submission to the Government of Ontario:

WHEREAS *the special care of the dying patient should not be denied as it is an essential part of total health care, and*

WHEREAS *the Ontario Advisory Council on Senior Citizens has studied the Montreal Palliative Care Unit in Royal Victoria Hospital and St. Christopher's Hospice in London, and*

WHEREAS *Palliative Care Units have a philosophy in direct conflict with the aspirations of Acute Care Units in Hospitals because these patients are beyond the curative care stage and require palliative care, and*

WHEREAS *Palliative Care Units have needs for non-medical professional staff to fulfill needs other than medical such as psychological, financial, social and spiritual care, and*

WHEREAS Palliative Care is not only required for the aged but for all persons who suffer from terminal and incurable illnesses, and

WHEREAS special training is necessary for the medical staff and associated professionals for adequate Palliative Care, and

WHEREAS medical staff can accomplish this through either Continuing Education Courses or through development of a Specialty in Palliative Care, and

WHEREAS the success of Home Care for Senior Citizens should not cease upon the patient suffering from an incurable or terminal illness but should be provided as well for the Palliative Care Patient so that he or she may receive such care at home, and

WHEREAS religious organizations and Senior Citizens organizations are now and will be important to the spiritual care of the Palliative Care Patient, and

WHEREAS the care of the dying can be supplemented by the care of volunteers who would be trained largely by experience in Palliative Care Units once they are established,

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- 1 *A pilot project be established to create a Palliative Care Unit in an acute care hospital in Ontario;*
- 2 *Palliative care be extended to out-patient care of such patients in their homes in addition to beds in the acute care hospital;*
- 3 *Special training be made available for the professional health care staff of such units, either through continuing education courses or through development of a specialty in palliative care;*
- 4 *Palliative care include utilizing community resource people such as social workers and volunteers;*
- 5 *Palliative care utilize religious organizations and senior citizen organizations in the community.*

Response received to-date indicates that the Ministry of Health has approved such a unit for Grace Hospital, which is a chronic care hospital in downtown Toronto.

Textbook Review Committee

The Council is concerned with the issue of creating a more constructive attitude toward the elderly at all levels of formal education. As one of the steps the Council presented a series of proposed questions designed to compliment Circular #14 of the Ministry of Education which deals with criteria for text books used in schools. The questions are intended to point out textbook stereotyping of the elderly:

Are only young people depicted as aggressive, and active, with the elderly withdrawing to a back seat?

Are elderly people seen as no longer capable of learning or organizing, etc. or just seen as being "put out to pasture?"

Do they ever appear to have adventures, think logically, explore and create?

Are elderly people at least sometimes shown as knowledgeable counsellors, sharing the wisdom of the years?

Also suggested for inclusion in text books were:

Does the text book include written and pictorial material related to the aged and the aging process?

What kind of image of the elderly does it portray?

For what age group is there pictorial or written material related to the aged and the aging process? In particular, are there any picture books, nursery rhymes, etc. for the very young which portray the elderly?

What proportion of the information included represents the author's personal view point, what proportion is fiction?

What does the cover of the book portray in terms of the older person?

Does the text depict older people at different ages, differing social strata and differing cultures?

Is the language used to describe older people accurate and realistic?

Are the terms used to describe older people stereotyped?

What picture of the older person does the title conjure up?

Do the text and illustrations show older people in a variety of roles? Do they portray them in stereotyped roles?

Do they depict older people in varying degrees of dependency: dependent, independent, inter-dependent?

Gerontological Institutes or Programmes

Council members feel strongly about the need for a Gerontological Institute which would provide recognition of expertise in the area of aging and also be a permanent educational and information centre. At the present time students and professionals seeking this knowledge have to find it outside of Ontario. A Gerontological Institute or Programme, as part of a university, would be beneficial in that all disciplines could partake in it, and would also assist senior citizen population to receive well-trained assistance from any profession.

The Council therefore approved and submitted the following recommendation:

WHEREAS there has been considerable progress in other countries in the establishment of Gerontological Institutes or Programmes, and

WHEREAS an Institute on Gerontology can be an invaluable resource centre for studies on aging, and

WHEREAS such an Institute can provide the expertise in the field of aging to many professions including those in education, law, medicine, social work, etc., and

WHEREAS there is no such Institute in Ontario at the present time

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

A Gerontological Institute or Programme be established as soon as possible on the campus of at least one Ontario university.

The Council is pleased to note that a programme in Gerontology is going to be established at the University of Toronto, however, the Council will continue to work for the creation of a full-fledged institute.

Learning Opportunities for Older People

While the Council gratefully acknowledges the steps taken by the Ministry of Colleges and Universities in encouraging the Committee of Presidents to plan a provincial or regional workshop to share educational experiences related to senior citizens, it felt that some other issues should still receive further attention. To this effect the following recommendation was submitted to the Government of Ontario.

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Colleges and Universities be requested to take steps to implement further the principle of learning opportunities for older people by:

- 1 Encouraging the development of appropriate courses (at the university, college and community levels) to train older persons in conducting courses, taking into consideration the special needs of the older learner;*
- 2 Utilizing the skills of those who have had many years training in the field of education and have special skills in teaching or leading discussion groups;*
- 3 Promoting additional learning opportunities especially designed for and suited to the older adult as part of the outreach program of Community Colleges, in locations and at times and cost which will make them readily accessible to the majority of older learners.*

These suggestions were circulated to the Committee of Presidents within the Ministry of Colleges and Universities.

Newsletter

Since July 1975 the Council's newsletter, "Especially for Seniors", has been mailed every three months to more than 750,000 persons over 65 years of age residing in Ontario.

The newsletter developed as a natural outcome of the need to share the information about events and policies of particular interest to seniors.

The Council members, who are appointed from various areas of the province, work through committees and task forces to bring about changes which will benefit older citizens. Our readers need to know what is accomplished and what is proposed. The volume of mail which follows each issue of the newsletter shows that pensioners are concerned and are willing to take an active part in effecting improvements in all phases of their lives. This two-way communication helps the Council to know the feelings of people in every corner of the province. If we can take positive action on the requests or suggestions, the newsletter becomes "our" paper rather than "your" paper.

Our office has proved to be a means of contact with all sorts of services. As an advisory council we are prepared to offer assistance and to accept ideas on every possible subject. It is difficult for some people to understand that we are not empowered to deal directly with individual disputes. We do try to learn who is best able to settle them, but we cannot provide individual counselling services.

We dare not hope that the newsletter will please everyone. Whether the message is complimentary or critical, due consideration is given to each letter we receive from our readers. Contributions for the paper range from anecdotes, jokes, poems and puzzles to recipes and snapshots. We could fill our pages with interesting material from many sources. Age does not seem to dim the agility of mind or skill of penmanship. The neat script and flow of words evident in much of our correspondence are a delight to read. With only eight pages of large type issued four times a year our editor must be quite ruthless in selecting items for publication. Adjustments are made frequently to keep the articles timely.

A "quarterly" gazette suggests that we are following the seasons but the articles in "Especially for Seniors" belong to every month of the year. Except for reminding our readers about applying for GAINS by February, or warning of fly-by-night repairmen in the Spring, we present topics of general interest which are always appropriate. Items on income and benefits, travel discounts, book reviews or preservation of good health are timely at any season.

Seniors thrive on controversial issues. The Winter edition stimulated an amazing response to the front-page letter from Hope Holmested, about concern for a United Canada. A wide range of feelings was expressed in the letters we received, in both English and French, yet the emotion was part of seriously considered and well phrased opinions.

— "In our collective minds there has been a historical process that can explain it all. Unfortunately, the official and traditional history taught has not been the same for

the French as for the English or vice versa. For this reason, and no doubt others, Canadians and Quebecois are not relating to one another and are not wanting to do things together any more as they have done in the past. We have got to see each other in a different light. If we do not, we will only perpetuate misery and hatred. Wouldn't it be better if we devoted less attention to survival and began to reach out for credibility as an alternative to hate."

— "In my lifetime I have gone from Placentia Bay in Newfoundland to Vancouver Island by bus and in 1936 I crossed the first range of the Rocky Mountains on a saddle horse. We have a wonderful country and in my senior years I would like to do a little bit to help keep it together."

One of the satisfactions associated with the newsletters is the opportunity we have to glimpse the personal lives of our readers. We are troubled by the problems encountered by bereaved or handicapped people, the struggle to maintain independence, the moving away from familiar people or places and the confusion associated with some government procedures. Drawing from personal experience we try to offer support and the spirit of understanding in our replies. A greater proportion of correspondents stress the positive qualities of life. Delightful reports come from other countries, such as this comment about Cornwall:

— "It is such an ancient country and full of interest. At every corner is something to make one want to stop. I specially love a little place called St. Anthony just across the bay from Falmouth. There is the smallest cathedral in the world."

Closer to home we learn of lovely places in our own province. The beauties of Quetico Park were extolled by a lady in Atikokan. The official brochure enclosed with her letter was extremely attractive.

The joy of independence is evident in much of our correspondence. Articles about handling new situations or managing on one's own strike a responsive chord in our readers, prompting such anecdotes as:

— "On January 16th, 1978, I will celebrate my 86th birthday. I am enjoying good health. I do my own cooking and laundry and all my house work. I do not drive a car any more on account of my eyes. I thank and praise the good Lord for all His blessings."

— "It is about time that we, as Seniors, do something to create jobs for the young as well as help ourselves. We must believe in our young people; to see them grow into good healthy young men and women."

— "I also write local history for the Womens Institute. I send reports of meetings to the newspaper for two organizations. I am writing a family tree for my family and am helping with a family tree for my husband's family. These keep my mind busy. I hope I won't become senile. I also play the piano and do housework to keep my fingers supple. I am able to help my grandchildren with their school projects."

— "My husband and I both hold valid Commercial Pilot's licenses, endorsed for single and multi-engine land and seaplanes, have qualified for Aerobatic endorsements

and have current Instrument ratings. We fly a Piper Aztec, handy for commuting between Toronto and Phoenix as well as extensive travel in the Western Hemisphere. We will be interested to know of other Senior Citizens who share these particular activities."

Because everyone 65 years and over receives the newsletter automatically it serves a much more diverse constituency than does a publication to which people subscribe. Hence, in the responses to what we publish, we get an excellent overview of our senior population and our conclusion is that it is one of Ontario's richest natural resources.

Council and the Community

Self-help is the Council's major target. Views on this area are outlined in the Chairman's Remarks prefacing our Annual Report.

To illustrate how this belief can be translated into effective and productive action we would like to describe a couple of tangible examples.

LINK

Seniors can barter their way to a better life. The concept of LINK which is a programme existing in England was introduced to Ontario citizens by Mr. Lawrence Crawford, Director of the Senior Citizens' Branch and Office on Aging of the Ministry of Community and Social Services. Mr. Crawford discussed the idea with many groups who received it with great interest and enthusiasm. Before too long, the Ministry took steps to make the project a reality. An exploratory committee consisting of numerous senior citizen representatives was formed under the chairmanship of Mr. Les Phillips, Senior Citizens Consultant, Senior Citizen Branch and Office on Aging.

The LINK concept was integrated into the Canadian way of thinking and evolved as a project aimed at "helping-your-neighbour". Council had representation on the development committee and ran a competition in their newsletter "Especially for Seniors" which called for designs for a logo which would identify the LINK SKILLS EXCHANGE programme. The newsletter received a total of 182 designs from across the province and the skill and ingenuity exhibited by the participants was proof alone of the talent among seniors in this province.

The development committee based their discussion on the premise that "everyone has worthwhile skills and experience which are needed by someone in the community". Consequently a programme was planned where by means of a LINK exchange card bearing the LINK logo, skills could be exchanged between participants in any given community. No money is involved. LINK exchange cards are earned by providing a service someone else needs. LINK exchange cards would also be provided when a person becomes a member of a local LINK centre.

The Ontario Government hopes to see the LINK SKILLS EXCHANGE programme launched in the late spring of 1978 and judging from the interest shown by seniors thus far and the excellent work of the development committee, it should be a resounding success.

Loops

The Learning Opportunities for Older Peoples organization approached the Council in the summer of 1977 with a suggestion of running an article and questionnaire in "Especially for Seniors" aimed at receiving information about the kinds of learning seniors are now doing, what they want and how they want it. Council saw a great deal of merit in the suggestion and ran an article and questionnaire in the fall 1977 edition of the newsletter.

Nearly 450 replies were received and the following summary provides a detailed outline. General statistics gathered from the questionnaire:

- a. 33% of the respondents were male
- b. 82% were under the age of 75, 18% over and 2% of those were over 85
- c. 16% were single, 45% married, 39% widows(ers)
- d. 74% live in the city, 10% in towns, 8% in villages, and 8% in rural areas.

Questions and answers were as follows: (rated in order of preference)

- 1. On which of the following would you like to receive information:
 - a. learning opportunities for older people
 - b. money matters
 - c. using leisure
 - d. legal matters
 - e. second careers
- 2. Through which medium do you like to receive general information:
 - a. newspapers
 - b. learning programs for seniors
 - c. television
 - d. libraries
 - e. radio
- 3. Are you aware of the learning opportunities available to senior citizens in your community:

Replies were evenly divided between Yes and No
- 4. Have any of these learning opportunities been of interest to you:

Yes — 57%
- 5. Have you used any of these learning opportunities:

Yes — 47%
- 6. Which of the following learning situations would you prefer:
 - a. with others of different ages and with a teacher
 - b. with others of the same age and with a teacher
 - c. small group sharing and discussion
 - d. television courses
 - e. visual methods, slides, films etc.
- 7. Identify any learning programme in which you are involved:

These ranged, as could be expected, from informal programmes to College and University courses. The topics at the University and College level were also wide-ranging, some even surprising: anthropology, archaeology, psychology, philosophy, theology, gerontology, history, languages, Canadian studies and others offered by the Continuing Education departments.

Some were interested in academic courses for upgrading, while others, chiefly rural, were taking advantage of correspondence courses and those offered by the Women's Institute.

The non-academic programmes were even wider in scope:

- a. fitness including yoga, swimming, bowling, tennis, cross-country skiing
- b. crafts — too numerous to mention, all types of needlework and handwork
- c. health and nutrition
- d. retirement problems, income tax, travel
- e. music (vocal, instrumental), woodworking, upholstery, sewing, remodelling clothing etc.

Many are engaged in helping activities which have a learning component, such as volunteering with the blind, other seniors, in the schools etc.

8. What other kinds of learning would you like to have made available? The replies included all those already listed, plus many more:

- a. photography, small appliance repairs, electronics, car maintenance, human and public relations, death and bereavement
- b. legal (wills and estates).
current events, public speaking, lip reading, horticulture, metrication, refresher driving course
- c. second careers — hairdressing, bookkeeping, typing, home nursing, social work, study of aging

In general, the respondents to the questionnaire expressed a desire to have more education programmes on television and to have those already offered made available over a wider area.

Two key problems which were cited, however, in learning opportunities for older people, included transportation and lack of daytime courses.

Aside from this the results of the questionnaire were revealing but will require further study to make the best use of the information received.

* * *

There are probably a variety of cases of self-help in many communities. They are usually sparked by an individual or by groups and often taken over and nurtured to life by organizations. The Council believes that to make self-help a reality all of us have to become involved. One cannot precisely measure the process, however the results are valuable to the total community.



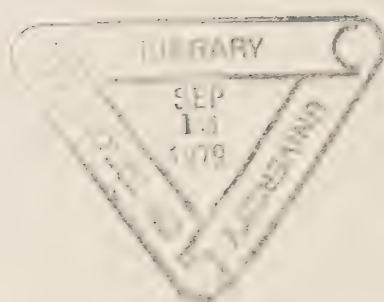
Annual Report of the Ontario Advisory Council on Senior Citizens 1978-79



Workshop 79

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Dear Mrs. Birch:

It is with great pleasure that we present to you the fifth Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1979.

Sincerely,

Hope Holmsted



Honourable Margaret Birch
Provincial Secretary for
Social Development

The Honourable
William G. Davis, Q.C.
Premier

Hope Holmsted
Chairman

Douglas H. Rapelje
Vice-chairman

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1978-79

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Cover design by
Joe Tortollo and Cal Nicholls,
1979 Graduates of Graphic Design
School of Visual Arts
Sheridan College of Applied Arts & Technology

Chairman's Remarks

Dear Friends,

The Advisory Council on Senior Citizens has a viable function in representing to the Government of Ontario the needs and concerns of seniors residing in this province.

The Council should not speak in isolation; it should be the voice of some 780,000 seniors. In 1978/79 a great effort was made to obtain the views and hear concerns from seniors across the province. We held Workshop '79, a two-day conference; we posed questions in our newsletter "Especially for Seniors".

Seniors are becoming a large family unit in this province, with a sense of belonging to the total community. Their skills in every line of work, their leadership abilities, their literary and artistic skills of great diversity, are astounding.

The Council must be alive and aware of every new thrust of governments, of organizations and individual people and react accordingly. Constant change is healthy and always creates new ways of working. My resignation from the Council's chairmanship is also with the intent to create change.

Douglas Rapelje, our vice-chairman, will now be the Council's new chairman. Though Doug is young, he is old in understanding. His life is dedicated to the creation of totally integrated and happy communities where every day is a new challenge at any age.

The past five years have been a satisfying time in building a strong foundation for the voice of seniors to be heard by the Government. And the Government is listening and responding within its financial limitations during this time of restraints.

May I thank those at all levels of government who have listened and supported us in so many ways. Most of all I wish to thank the Honourable Margaret Birch who with her knowledge and understanding and her quick empathy to need has strongly supported the Council and yet given us the freedom to express the thoughts and needs of seniors without limitations.

To Council members, past and present, to advisors and to staff who have worked together in so many ways to develop and strengthen our goals, may I express my deep gratitude and appreciation.

The myths and realities of aging need exploration and the Council is charting a new and exciting course into the future.

Remarques du Président

Chers amis,

Le Conseil consultatif de l'âge d'or remplit une fonction viable en signalant au gouvernement de l'Ontario les besoins et les préoccupations des gens âgés de la province.

Le Conseil ne doit pas s'exprimer uniquement en son nom, il doit être le porte-parole de quelque 780 000 personnes âgées. En 1978-1979, de grands efforts ont été déployés pour prendre connaissance du point de vue et des soucis des gens âgés de toute la province. Nous avons organisé une conférence de deux jours, désignée sous le nom d'Atelier 79, et nous avons posé des questions dans notre bulletin intitulé **Especially for Seniors**.

Les gens du troisième âge sont en train de devenir un élément considérable de la société de notre province, et ils ont le sens de leur appartenance à la collectivité tout entière. Leurs connaissances dans tous les domaines de travail, leurs qualités de dirigeants, leurs connaissances littéraires et artistiques très diversifiées, sont remarquables.

Le Conseil doit être conscient de chaque nouvelle démarche des gouvernements, des organisations et des particuliers et réagir en conséquence. L'évolution constante est saine et engendre toujours de nouvelles possibilités. Ma démission de la présidence du Conseil vise aussi à créer un changement.

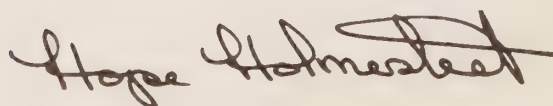
Douglas Rapelje, vice-président, sera le nouveau président du Conseil. Doug est jeune, mais il a la compréhension d'un homme d'âge mûr. Toute sa vie, il s'est consacré à édifier des collectivités entièrement intégrées et heureuses, au sein desquelles chaque jour présente un défi pour tous les groupes d'âge.

Ces cinq dernières années, nous avons réussi à établir sur des bases solides l'organisme qui représente les gens âgés auprès du gouvernement. Le gouvernement lui prête une oreille attentive et agit dans la mesure du possible, compte tenu des restrictions financières actuelles.

Qu'il me soit permis de remercier ceux qui, à tous les paliers administratifs, nous ont écoutés et nous ont appuyés de tant de façons. Je veux remercier en particulier l'honorable Margaret Birch qui, grâce à ses connaissances, à sa compréhension et à son empathie immédiate à l'égard des besoins des autres, a fortement appuyé le Conseil tout en le laissant libre d'exprimer sans restriction les idées et les besoins des gens du troisième âge.

Aux membres, anciens et nouveaux, du Conseil, aux conseillers et aux membres du personnel qui ont oeuvré ensemble de bien des façons pour atteindre et renforcer nos objectifs, permettez-moi d'exprimer ma profonde gratitude et ma satisfaction.

Les mythes et les réalités du vieillissement doivent être explorés, et c'est sur cette voie passionnante que le Conseil est engagé.



Hope Holmsted
Chairman

International Year of the Child

Upon receipt of a request from the Honourable Margaret Birch, Provincial Secretary for Social Development, for suggestions in connection with the International Year of the Child, the Council concluded that this event provides a splendid opportunity to encourage the rekindling of intergenerational contact which our society at this time seems to lack. In fact, the Council members viewed the request in terms of "The Year of the Grandparent", or the Year of the Uncle, Aunt or even concerned neighbour.

After a considerable amount of discussion, decisions and suggestions were conveyed to Mrs. Birch in a letter dated November 29, 1978.

It was decided that the Council would:

- Publish excerpts from the list of suggestions received from Mrs. Birch, together with suggestions of the Council, in the December 1978 issue of "Especially for Seniors";

- Include in an issue of "Especially for Seniors" an appeal for seniors to write a short story entitled "When I Was a Child";

- Through an article in "Especially for Seniors", encourage seniors without grandchildren to look for children without grandparents and establish a one-to-one relationship.

It was suggested that:

- Senior Citizens Week in 1979 feature the grandparent;

- Home and School Associations ask senior citizens groups for volunteer grandparents (for example, seniors could act as block parents);

- All possible branches of the media be used to promote the International Year of the Child in an intergenerational manner;

- The idea be promoted that seniors can help with recreational programs by, for example, coaching teams and teaching crafts;

- This involvement be encouraged by creating an awareness amongst local recreation authorities of the resources available and mentioning the possibility of senior participation in brochures to be distributed to groups;

- The Ministry of Education be encouraged to promote the use of seniors in classrooms, based on successful pilot projects;

- A mobile museum promoting Ontario's historical background be used to help reach remote or rural regions;

- Another historical project could take the form of the "FoxFire" project in the United States (that is, seniors could provide their personal account of experiences in a different era);

- Seniors with special training or interest be encouraged to help physically or emotionally handicapped children;

- Parent-Teacher Associations and senior citizens groups, working in conjunction, study a variety of current issues, such as child abuse, safety, support for parents, day nurseries and child care, and recommend ways to correct problems;

- A brochure be prepared for senior citizens clubs, centres, apartment housing, long-term care and organizations dealing with the aged (for example, United Senior Citizens of Ontario, Canadian Pensioners Concerned Inc., Senior Citizens Centres of Ontario) with a check list of ideas such as:

 - Becoming Big Brothers or Big Sisters;

 - Getting involved in recreation programs for children by sponsoring junior teams, supplying trophies, etc.

Senior citizens' groups be encouraged to plan activities to include middle and young generations. These might be in a variety of areas, for example, sports events, walkathons with seniors manning check and rest stations, financial sponsorship of events by senior and service clubs; it could be intergenerational music groups, either bands or choirs; it also would include re-vitalizing the old time type of social events such as barbecues, happy hours with participants ranging from babies to great-grandparents.

All the suggestions were patterned on the major objective of encouraging seniors to take an active role in the International Year of the Child and in the years to come.

Workshop '79

During 1978-79 the Ontario Advisory Council on Senior Citizens took a different approach in the method of operating. While members reviewed past recommendations, acted as consultants to public and private agencies and researched areas of concern, the main emphasis was directed towards enlisting the views and suggestions of senior citizens across the province. A variety of steps were taken. One of the major ones was a questionnaire in "Especially for Seniors" which brought responses from thousands of readers regarding matters pertaining to Health, Income Maintenance, Education and Housing. Aside from assisting in formulating recommendations, the questionnaires provided an insight into how seniors feel, cope and live. A careful study of individual views became a rather voluminous document which we named "Through the Eyes of Others" and which is free upon request from the Council's office. (When ordering, please remit 26¢ for postage costs.)

The second very important step was Workshop '79, a two-day seminar held in January 1979 which was done in previous consultation with major senior citizens organizations in Ontario. It was organized by the Council and those invited came on their own from many locations in Ontario. They represented senior citizen groups and people involved in working with seniors. More than half of the some 140 participants were seniors themselves. Again, the workshop was focused on the four general broad areas of concern as in the newsletter questionnaires.

The combination of these two major thrusts formed a foundation enabling us to speak in a knowledgeable, firm and understanding voice, not on behalf of seniors, but rather as seniors.

The recommendations, as listed below, were ratified by the Council at their March 1979 meeting and submitted to the Honourable Margaret Birch, Provincial Secretary for Social Development.

Health Recommendations

1. Co-ordination of Government Ministries

WHEREAS the particular needs of seniors must be addressed by various ministries in order to have comprehensive policies that meet the needs of seniors;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government continue to co-ordinate various ministries which have a particular interest in seniors, especially in regard to policy development.

2. Education for Seniors in the Natural Aging Process and in Nutrition and Fitness

WHEREAS there is much misunderstanding regarding the normal healthy aging process and how to maintain one's own health as you age;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Improved methods of education be found to inform seniors of the natural aging process in order that they may seek help when there is a deviation from their normal healthy state of aging.

THE COUNCIL ALSO RECOMMENDS THAT:

Improved methods of education be found to inform seniors on how to maintain their own health through proper nutrition and fitness.

3. Chronic Home Care Pilot Projects

WHEREAS the chronic home care pilot projects have shown the need for long-term care in the home in order for some seniors to remain at home;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Chronic home care pilot projects be extended to all areas of the province as soon as possible.

4. Establishment of Placement and Assessment Services

WHEREAS the need to find appropriate placement for seniors with specific needs is of great concern; and

WHEREAS assistance in finding appropriate placement can only be facilitated by adequate assessment, including input from the individual concerned;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Funding and expertise be provided at the local level to establish and maintain models of assessment and placement services throughout the province.

5. Subsidy for Hearing Aids, Glasses and Dentures

WHEREAS adaptive aids such as dentures, glasses and hearing aids are essential to many seniors; and

WHEREAS such aids are very expensive;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Essential devices as listed above be subsidized by OHIP or other appropriate means, public or private, on an income tested basis only.

6. Low Cost Dental Services

WHEREAS dental care is essential to most seniors, and at the present time is very expensive, especially for seniors with limited incomes;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Low cost dental services be supported through such endeavours as clinics and A.I.D. (Awareness in Dentistry).

7. Training for Specialists in Foot Care

WHEREAS foot care needs of the seniors are not being adequately met province-wide under the present system;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) *Training be established for specialists in foot care in this province, at the university level.*
- b) *Training for auxiliary workers in foot care be established in community colleges, and that such training also include the upgrading of the skills of health workers, such as nurses.*

8. Training for Doctors

WHEREAS many seniors have voiced the opinion that their health needs are not being met; and

WHEREAS the attitudes of doctors towards the aged often seem to be inappropriate;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) *All Ontario medical schools include adequate studies in the normal healthy aging process as well as in diseases found in the aged.*
- b) *Practical clinical application of this knowledge be included in the course of study.*
- c) *Nursing Homes, Homes for the Aged and other long-term care facilities be included in clinical rotations for medical students. Experience should also be provided in the Home Care Program and in other community services.*
- d) *Medical schools develop their faculty to teach gerontology and geriatrics to medical students and that a post-secondary residency training or fellowship program be developed in settings that provide the necessary leadership in geriatric medicine.*
- e) *Education of doctors include both gerontology as well as geriatric medicine.*
- f) *Funding be available in various aspects of research on aging.*
- g) *There be co-operative planning in the undergraduate education of health professionals in the care of the elderly.*

9. Use of Physical Restraints

WHEREAS the measures used to restrain persons in long-term institutions by means of physical devices are an unacceptable method of caring for seniors;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Physical restraints be used only on the written authorization of the attending physician primarily as a support measure. The order by the physician to use such a device as a restraint should only be effective for 24 hours, solely as an emergency measure. It is also recommended that all health personnel be advised and trained in the proper use of restraints and in the use of alternatives to restraints by recognizing and meeting the person's real needs. Written policies, incorporating this regulation and approved by the appropriate ministries should be mandatory in all health and social service facilities.

10. Care of the Elderly in Nursing Education Programs

WHEREAS seventy percent of Canadians now die in institutions, their dying sometimes being prolonged unduly by the use of heroic measures;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) *Where recovery is not likely and where death is inevitable and imminent, withholding or withdrawing artificial means of life support is justified when requested by the patient.*
- b) *Legislation be initiated (similar to Bill #3 by the Honourable Lorne Maecck) to permit an individual, while in good health, to write a "Living Will". This would request that where recovery was not likely no artificial support methods be used.*
- c) *Use of an advisory or counselling service be available to help the doctor and the family to make such decisions and that such a service should not necessarily be provided by a health care professional.*
- d) *Efforts should be made to explain this stand to the public and particularly to seniors.*
- e) *Palliative care units continue to be developed to help the terminally ill and their families.*

11. Care of the Elderly in Nursing Education Courses

WHEREAS health personnel are inadequately educated and trained in the care of the elderly;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) *Ontario Nursing Education curriculum incorporate adequate preparation in the care of the elderly, including studies in the normal aging process as well as deviations from health which may occur. The curriculum should also include clinical experience with appropriate "role models".*
- b) *The Registered Nurses Association of Ontario be encouraged to follow their proposal which is "to assist nurses to increase their awareness of and competence in the care of the elderly through acquisition of positive attitudes and pertinent knowledge and skills".*
- c) *Health care aide courses be mandatory for all nurses' aides working in long-term institutions.*
- d) *Adequate training in the care of the elderly be given to all workers in Home Care such as Visiting Homemakers.*
- e) *All other health care courses in Ontario at the basic level for personnel who work with the elderly such as social workers, physiotherapists, occupational therapists, psychologists, dentists and dental care workers, optometrists, audiologists, and nutritionists be given specific training in the normal healthy aging process and deviations from health, and that this training also include attitudes and clinical practice towards aging.*
- f) *Adequate funding be available to encourage health professionals to specialize in the field of gerontology and geriatrics.*

12. Accreditation of Long-Term Care Facilities

WHEREAS the continuing improvement of quality of life and care in institutions and residences for the aged is a priority for seniors;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The new program for accreditation of long-term facilities under the Canadian Council of Hospital Accreditation be expanded to include residential facilities and promoted in all long-term care facilities.

13. Appointment of an Ombudsman

WHEREAS some seniors need outside assistance in order to be self-determining and in order to receive guidance and help by means of a conciliatory body;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

An ombudsman, appointed by the Secretariat for Social Development, be available to older people or their families. When difficult problems arise this person would give advice and assistance on the senior's behalf, or on behalf of the senior's spokesman. Advice would be provided on the senior's individual rights with respect to their families, the institutions they reside in or with any regulating body responsible for their care.

14. Private and Semi-Private Accommodation in Present and Future Long-Term Care Facilities

WHEREAS privacy is an important human need of seniors, especially in institutions;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Future construction of long-term care facilities provide only semi-private and private accommodation and that existing structures providing long-term care be modified to provide a greater proportion of private and semi-private rooms.

15. Training of Staff in Health Care

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Staff in all health facilities receive adequate training in the clinical and theoretical aspects of gerontology and geriatrics.

The Federal Government and the Government of Ontario as a first step, take immediate measures to improve the financial status of single seniors at the lowest income level by increasing the supplementary payments, either all at once, or gradually over a period of not more than one year, until the guaranteed income of a single senior reaches 60% of the guaranteed income of a married couple, both of whom are over 65 years of age.

2. Imbalance of Income

WHEREAS the indexing of G.I.S. and GAINS to the Consumer Price Index perpetuates the imbalance between the minimum income for single seniors and the minimum income for married couples over 65;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

When the minimum income for a single senior has reached 60% of the minimum income for a married couple, both of whom are over 65 years of age, the indexing of G.I.S. and GAINS be doubled for single seniors while continuing normal indexing for married couples until the minimum income for a single senior reaches 66²/₃% of that for a married couple.

3. Incentive to Work

WHEREAS the system under which GAINS is complementary to G.I.S. results in any small additional income arising from employment or savings being offset by corresponding reduction in the total of these governmental supplements; and

WHEREAS a senior who is in receipt of these supplements is thus deprived of any incentive to work and save;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government find a way to provide an incentive to seniors of minimal income to improve their financial status by their own efforts.

4. Spouses' Allowance

WHEREAS the Spouses' Allowance seems to constitute a form of supplementary income for a small segment of people, those who are between 60 and 65 and are married to a person 65 years or older; and

WHEREAS Spouses' Allowance ignores the needs of single men and women who have no financial support from a spouse; and

WHEREAS Spouses' Allowance increases the hardship of widows and widowers from whom the benefit is removed;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Government of Ontario work with the Federal Government to make improvements in the Family Benefits Act to increase the benefits under that Act so that Spouses' Allowance will no longer be required and may be phased out as present recipients reach age 65.

Income Maintenance Recommendations

1. Financial Status of a Single Senior

WHEREAS the living costs of a single senior are somewhere between 66²/₃% and 75% of those of a married couple over 65 years of age; and

WHEREAS a single senior presently receives approximately 50% of the basic income of a married couple;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

5. Private Pension Plans

WHEREAS one of the major weaknesses of the present private pension system is that only forty per cent of the labour force participate in a private pension plan; and

WHEREAS the Ontario Government has made both Vacation Pay and pay in lieu of wages upon termination mandatory under the Employment Standards Act;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Government of Ontario require all employers of more than fifteen (15) workers full-time, part-time, or occasional, to provide a private pension plan, or to make a registered retirement savings plan available, and to contribute at least 2% of the employees' wages up to the level of the current average industrial wage, (such contribution to constitute a business expense for tax purposes) and that the Ontario Government require all employees of the covered employers to contribute 2% of wages up to the same level.

Any employer's plan which is already meeting or surpassing the requirements outlined would not be affected, except that it would become mandatory for every employee to participate.

6. Vesting of Pensions

WHEREAS many employees have membership in a private pension plan for a period of time less than ten years, but do not derive any benefit from that plan (other than the return of their own contributions with interest) because they have retired before an allowable retirement age;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The vesting provision under the Ontario Pension Benefits Act be improved to become mandatory, regardless of age, after one year's service. Furthermore, we recommend that when an employee leaves an employer in whose plan he has a vested right he be required to indicate in writing his choice of a deferred annuity in respect of his earned pension benefits, or a transfer of the present value of his benefits into a registered retirement savings plan in his name with a "lock-in" provision to assure that money saved for the purpose of a pension will be kept for that purpose.

7. Indexing of Private Pensions

WHEREAS the cost of living continues to rise at a rate almost in the double digit range; and

WHEREAS this rate of increase is placing heavy burdens on those who depend upon a fixed income as against those who earn wages or salaries which are periodically adjusted in keeping with the cost of living;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario and Federal Governments grant tax concessions to employers on the extra expenditure required to meet the cost of indexing private pensions to the extent of at least 50% of the rise in the C.P. index during the preceeding twelve months.

8. Survivors' Pension

WHEREAS the pension of a retired employee is often sufficient together with government benefits to provide an adequate income for a married couple, the death of the pensioner frequently causes severe hardship to the surviving spouse because the private pension ceases upon the pensioner's death;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The standard pension granted to an employee upon retirement be that amount which will allow for 60% of his/her pension to be continued for the lifetime of the surviving spouse.

FURTHER, WE RECOMMEND THAT:

If the person who is retiring feels unable to accept that arrangement, he and the spouse should be required to sign for some other option. In that way both parties to a marriage would have drawn to their attention the need for consideration of future problems.

9. Amendment of Ontario Pension Benefits Act

WHEREAS the Government of Manitoba enacted legislation, effective in 1977, requiring employers to provide member employees with basic information about their pension funds, e.g. the assets of the fund, the contributions of the employees and the employer, the income from investments, and the amount paid out in pensions, death benefits and refunds, on an annual basis; and

WHEREAS information of this nature should have a double effect: it should encourage employees to take an interest in their pension plans and to make comparisons with other pension plans, and it should alert employees to any apparent weakness in investment performance; and

WHEREAS similar requirements in the Ontario Pension Benefits Act would have a salutary effect upon the management and investment policies of private plans; and

WHEREAS the pressure of employees for more adequate pensions tends to keep private pension plans competitive in benefits, and the pressure of public opinion arising from disclosure to members of basic information might tend to upgrade both funding and investment policies;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government give immediate consideration to amending the Ontario Pension Benefits Act in keeping with the amendments to the corresponding Manitoba Act.

10. Contributions and Benefits

WHEREAS it is probable that mandatory retirement will be replaced by optional retirement in the near future; and

WHEREAS co-workers should be treated on an equal basis; and

WHEREAS employees should be encouraged to work for as long as they are willing and able;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

All normal work-related contributions and benefits should continue for employees regardless of age, as long as they continue to work. Examples are U.I.C., sickness and group life insurance. Exceptions to this recommendation are that O.A.S. and C.P.P. should continue to become payable at age 65 whether the recipient is working or retired.

Furthermore, we recommend that persons who continue working after 65 continue to pay for OHIP, or have it paid on their behalf by their employers.

11. Choice of an Immediate or Deferred Pension

WHEREAS employees who continue working after age 65 should have the choice of receiving an immediate pension, or a deferred pension; and

WHEREAS continuing to work after age 65 should in no case be allowed to jeopardize the employees' pension rights;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Contributions to a private pension plan should cease at age 65, and that the employee should have the right to elect an immediate pension or a pension deferred to retirement date.

IT IS FURTHER RECOMMENDED THAT:

If death occurs after age 65 and before actual retirement, retirement will be deemed to have occurred at the time of death.

12. Property Tax and Ontario Tax Credit

WHEREAS the Council is fully aware of the assistance which the Ontario Tax Credit System gives to low income seniors; and

WHEREAS the Council has previously emphasized the dire plight of the senior at minimal income level who is unable to obtain subsidized housing, as illustrated by the following example:

A and B are seniors with a taxable income for 1978 of less than \$2,310. A lives in subsidized housing, paying \$75 monthly rent; B is renting at the market rate of \$250 per month. Their Ontario Tax Credit Forms compare as follows:

	A	B
Total Rental Payments in 1978.....	\$900.00	\$3000.00
20% of Total Rental Payments in 1978.....	180.00	600.00
Occupancy Cost.....	180.00	600.00
Enter \$180 or Occupancy Cost (whichever is less).....	180.00	180.00
Add 10% of Occupancy Cost.....	18.00	60.00
Total Property Tax Credit.....	198.00	240.00
Property Tax Credit as % of rent	22%	8%
Sales Tax Credit.....	39.50	39.50
Pensioner Tax Credit	110.00	110.00
Total Tax Credits.....	347.50	389.50
Total Tax Credits as % of rent	38.6%	13%

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government reconsider the effect of Property Tax and other Ontario Tax Credits with a view to providing more relief for the person who is eligible for subsidized housing according to his income but cannot obtain it.

13. Incentives for Financial Independence

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government, in co-operation with the Federal Government provide an incentive to home owners of low income to convert their greatest financial asset, the equity of their homes into an income producing asset, by offering a greater interest income deduction for interest arising from the sale of their home, or by subsidizing the interest charges incurred in an inverse mortgage on their principal residence.

14. Sharing of Housing

WHEREAS many single people, widows and widowers are living alone in houses or apartments and struggling to meet the cost of normal living expenses; and

WHEREAS when two or more people share a house or an apartment the cost of living per person is considerably reduced, the safety factor is increased, and of course, an important complaint of seniors — loneliness is overcome;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government encourage the sharing of housing accommodation, perhaps through the use of the Ontario Tax Credit system.

15. Amendment of Juror's Act

WHEREAS the Juror's Act restricts the age of eligible jurors to those between 18 and 69; and

WHEREAS most senior citizens are eligible to vote and accordingly have a responsibility to society to serve on a jury which duty they are not permitted to fulfill; and

WHEREAS each potential juror is sent a questionnaire prior to being summoned to appear on the jury panel; and

WHEREAS the questionnaire permits a juror to be exempted on certain grounds such as health reasons or being a member of the legal profession; and

WHEREAS the questionnaire is used to excuse those people who might be physically or mentally infirm; and

WHEREAS it is important to dispel negative attitudes perpetuated by legislation against senior citizens; and

WHEREAS it is important that each senior be treated on an individual basis other than strictly on the basis of age;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Section 5.2(c) of the Juror's Act be amended to restrict the age of eligible jurors to anyone over the age of 18.

Education Recommendations

At Workshop '79 the broad aspect of Education was divided into four sessions and therefore recommendations arising from it portray these specific areas of concern.

Session I dealt with:

1. Intergenerational Programs in Elementary and Secondary Schools

WHEREAS understanding of the total life cycle and development of healthy and positive attitudes toward aging should be encouraged in the young;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Education appoint an education officer to develop and co-ordinate aging and intergenerational programming in Kindergarten to Grade 13 of the Public and Separate School Systems of Ontario. Duties of the office would include, but not be limited to:

- a) Assessment of present aging and intergenerational programs;*
- b) Publication of a booklet summarizing current aging and intergenerational programs;*
- c) Provision of positive leadership to encourage school boards to develop and implement such programs;*
- d) Encouragement of the development of senior citizen "talent banks" by school boards for use of school programs;*
- e) Encouragement of the principle of the participation of senior citizens as "resource people" in Ontario schools;*
- f) Provide leadership in the development of ministry "short courses" and workshops (for teachers' professional activity days) with gerontology content supplementary to the present curriculum content on aging.*

Session II dealt with Education for Service training for those who work with the elderly and the differing attitudes of those providing services, whether professional or non-professional. The discussions generated the following recommendations:

2. Institute of Gerontology

WHEREAS the Ontario Advisory Council on Senior Citizens commends the University of Toronto for its new program in Gerontology;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

A more intensive, interdisciplinary Institute of Gerontology with a solid, continuing financial base, be developed.

3. Addition to Curriculum of Universities and Colleges of Applied Arts and Technology

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Specialization in aging, gerontology and geriatrics be developed within existing educational programs in both Universities and in Colleges of Applied Arts and Technology.

4. Family Study Courses

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) Particular emphasis be given to the entire life cycle (including old age) in family study courses and such courses be included as options at the faculty of education; and*
- b) Seniors be considered as resource people in such courses, for who better to explain aging than those who are experiencing it.*

Session III covered the skills, talents and experiences offered by seniors and how these could be utilized to the maximum effect for the benefit of both the seniors and the total community. Many topics were touched upon, such as apprenticeship, upgrading skills, pre-retirement planning, right to work, right to life-long continuing education. The results are as follows:

5. Publications

WHEREAS the Council's first mandate is to further promote the development and creation of opportunities for self-help for the aged to their satisfaction and advantage as members of society as a whole; and

WHEREAS the government has not the sole responsibility for the involvement of seniors in community life; and, while the government sets the scene and recognizes the potential, churches, agencies, hospitals, homes, clubs and all other community groups should involve seniors in planning, giving service and enjoying normal activities; and

WHEREAS Canadian Senior Power as portrayed in the LINK, VIP and Senior Volunteers in Public Service (within the Ministry of Community and Social Services) programs as well as the talent bank developed by the senior Alumni of the University of Toronto, should be promoted. Methods should be developed to bridge the gap between the skills seniors offer and community who needs them but does not recognize this resource; and

WHEREAS seniors see this as a vitally important link, and see the value of three pilot projects in unexplored areas being developed; and

WHEREAS the Council sees an urgency in publicizing communications received from seniors in response to the questions asked in "Especially for Seniors" to assist in planning Workshop '79; and

WHEREAS the essays received in response to the essay contest on "How do you feel about getting older" also reflect the thoughts of seniors;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) The paper compiled from letters to the Council in reply to specific questions posed by the Council in order to prepare for Workshop '79 and titled "Through the Eyes of Others", be published in manuscript form to be available upon request.*

- b) *The skills list compiled from suggestions made by seniors (now written in manuscript form by Council member Jack Parsons) be distributed with background material to all members of Government to explain the situation and need for support in the use of skills of seniors by the Government and community and a pamphlet of the listed skills be published and made available throughout the province.*

The Ministry of Community and Social Services (Adult Division) promote the involvement of seniors by mass distribution of the "Skills Seniors Offer" booklet.

- c) *A publication be prepared to include letters received in reply to the request for seniors to tell of their experience and attitudes to their own aging, and their relationships with other age groups. This publication be made available to all age groups. In this way seniors would be "telling it like it is" rather than researchers talking on behalf of seniors.*

The Ministry of Education explore the use of the essays and manuscripts mentioned above within schools, colleges and universities. These would be used to promote understanding of old age, its potential, and the relationship between the generations. As well, it should be used as background material by those in the research field.

6. Participation of Seniors

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Government recognize and support the concept of using the skills of seniors on a paid or voluntary basis by:

- a) Speaking of the role of seniors as a recognized resource when talking to agencies, business groups;*
- b) Requesting groups with which the Government is involved to look into this resource;*
- c) Urging the media to portray older people as an important part of community activity; and*
- d) Including seniors on any boards, councils, study groups or committees within the Government where their experience would be helpful.*

7. Pilot Projects

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Three pilot projects be planned to include the following:

- a) Seniors be involved in planning retirement courses within government and industry;*
- b) Skilled seniors be involved in teaching their skills in the three areas of apprenticeship as outlined by the Ministry of Education, either by retaining skilled workers as teachers or employing other skilled persons who have already retired;*
- c) An interested community be approached either by local government or an existing organization or agency to set up a talent bank of available skills of seniors and devise ways of using these skills in the community.*

8. Part-Time Employment

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Labour consider setting up a section within the Manpower Offices for part-time or temporary employment of older workers using concerned and skilled personnel to manage it.

9. Films and TV Programs

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Culture and Recreation develop films and television programs showing the value of seniors participating and using their skills to help the community in order to demonstrate the fact that nine out of ten seniors live on their own and are not infirm, ill or non-contributors to society.

10. Volunteer Programs

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Community and Social Services expand their Senior Volunteers in Public Service Program to cover all the smaller communities in Ontario.

11. Reimbursement of Senior Volunteers

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

All Ontario Government ministries and agencies participating in voluntary programs consider paying out-of-pocket expenses for senior volunteers.

Session IV delved into Ontario Government information services for seniors. The resulting recommendation is based on the ensuing discussion and the recommendations contained in the Report of the Committee on Customer Service of February 1977. The Committee was established by Cabinet on September 10, 1976 to examine ways and means to improve service to the public by the Government of Ontario.

12. Ontario Government Information Services for Seniors

WHEREAS the residents of Ontario are governed by the legislation of the Government of Ontario and the rules and regulations pertaining to that legislation; and

WHEREAS the residents of Ontario encounter difficulties in resolution of problems relating to the implementation of the above legislation and its rules and regulations because of the failure or inability of government staff to address themselves promptly and efficiently to the resolution of such problems;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ontario Advisory Council on Senior Citizens support, in principle, the recommendations of the Report of the Committee on Customer Service (February 1977), and that first priority be given to the implementation of recommendations Nos. 3, 7, 10, 11, 12, 13, 14, 19, 20, 21, 23 and 24; and

Second priority be given to recommendations Nos. 2, 4, 9, 16, 17 and 18.

13. Bell Canada Telephone Directory

WHEREAS the present government sections of the Bell Canada telephone directory information are inadequate and confusing, especially to seniors;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Government sections of the telephone directory be revised to make them less confusing and more useable.

Housing Recommendations

1. Planning for the Future

WHEREAS, based on the statistical look into the future which shows that today our over 65 years of age population in Ontario is 9% and projects that by the year 2000 it will increase to 13% and by 2031 to 20%; and

WHEREAS Statistics Canada recently announced that today there are seven people working to support each retired person and by 2031 there will be only three people working to support each retired person; and

WHEREAS there is great concern today with regard to cut-backs in health and social services which suggests a need for better planning and setting of priorities; and

WHEREAS, based on statistical data there is an immediate need for effective planning to meet the future needs of a growing older population and to avoid a crisis situation;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) All levels of government and organizations involved in serving senior citizens immediately undertake long-range planning and research and set priorities in developing mechanisms to deal with imminent problems of an increasing aged population;
- b) The expertise, skills and talents of senior citizens be engaged on planning committees, councils and boards;
- c) The available demographic projections be used in determining future needs, including effective long-range planning as well as to determine the economic impact on future societies; and
- d) Individual senior citizens be urged to do more personal long-range planning and to assume more responsibility for their own lives in order that they may maintain their independence for the longest possible time.

2. Co-operation between Ministry of Housing and local Housing Authorities

WHEREAS there is an urgent and proven need for co-operation and co-ordination between health, social services and housing at the local level; and

WHEREAS, in order to achieve proper housing placement of older people in the system and most effectively and economically utilize all programs; and

WHEREAS a greatly improved working relationship is required;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Through the Ministry of Housing and through local Housing Authorities co-operation and co-ordination between Housing Authorities and other agencies be immediately implemented.

3. Community Support Services

WHEREAS approximately 92% of our older population lives in the community by themselves or with their families; and

WHEREAS senior citizens in most cases prefer to remain independent for the longest possible time; and

WHEREAS the Interministerial Report on Residential Services states that there are many older people inappropriately placed in costly long-term care facilities because of lack of alternatives; and

WHEREAS there is more government support for the development of long-term care facilities than for community support services, which hinders development of a balanced system; and

WHEREAS the availability of community support services to both senior citizens and their families will allow many to remain independent for a longer period of time; and

WHEREAS there is a freeze on the development of long-term care facilities, necessitating the need for alternative support programs;

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Provincial Government establish as a high priority the development of community support services;

Because of the diversity of needs of individual communities there be flexible funding for community support services;

Because of the increased need for community support services encouragement and assistance be provided to the voluntary sector;

The Ontario Advisory Council on Senior Citizens in conjunction with appropriate ministries develop and distribute a "Guide for the Development of Community Support Services" to help promote and assist such a concept; and

To assist with co-ordination and funding community support services the Government of Ontario develop legislation to provide a comprehensive Home Support Services Act.

4. Revision of the Elderly Persons Centres Act

WHEREAS the Elderly Persons Centres Act was originally established to promote social and recreational services in centres for the elderly; and

WHEREAS the provincial government's contribution at that time was to provide 50% of the net expenditures to a ceiling of \$15,000 per year and this ceiling has not changed since 1966; and

WHEREAS this amount was 50% of these expenditures at one time and is now often less than 10% of the total costs; and

WHEREAS recent financial restraints and the \$15,000 ceiling on provincial contribution to the net expenditures have forced centres to reduce staff and cut back services and programs at a time of great increase in centre membership (e.g. 30 new people each month in Kitchener; 35 new people each month in Windsor) and an increase in senior citizen population (Statistics Canada) creates a greater need for the services of these centres than ever before;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS THEREFORE RECOMMENDS THAT:

The Elderly Persons Centres Act be revised and the \$15,000 ceiling on provincial grants to senior citizens centres be removed.

5. Multi-Purpose Centres

WHEREAS Senior Citizens Centres are an effective means of meeting some of the needs of seniors in Ontario; and

WHEREAS multi-purpose centres offer therapy services, preventive health care and other support services which are essential to maintain the older person in the community and delay or prevent institutionalization; and

WHEREAS the growing number of older people is constantly increasing the number of participants in Senior Citizens Centres;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Ministry of Community and Social Services provide financial incentives to encourage the development of multi-purpose centres in direct relation to the increasing number of senior citizens, with a particular emphasis on rural and northern areas.

6. Staffing and Transportation in Senior Citizens Centres

WHEREAS Senior Citizens Centres develop into Multi-Service Centres when there is paid staff; and

WHEREAS we recognize the Multi-Purpose Centre as a needed and essential service in Ontario communities; and

WHEREAS services at a Centre depend heavily on the provision of special transportation for some older people;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

In the initial planning of new senior citizens centres, paid capable staff and transportation be given major consideration.

7. Participation of Senior Citizens

WHEREAS this Council believes in the ability of older people to initiate, direct and maintain their own programs; and

WHEREAS there are many capable retired people who are members of Senior Citizens Centres, and who are willing to volunteer their talents;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Senior citizens be involved in the planning and

decision-making processes of senior citizens centres and be allowed to participate on boards, councils and committees.

8. Security and Safety

WHEREAS the question of security and safety for seniors was an often expressed concern of the Housing Workshop '79 in the area of policies; and

WHEREAS use of such policies would make apartments, homes and streets safer and offer protection to seniors in their home or apartment; and

WHEREAS information on indoor and outdoor safety is available from many sources, such as provincial and local police, health offices, municipal offices; and

WHEREAS there is a lack of pedestrian crossings and crossing signs near seniors' housing and institutions;

THEREFORE, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

- a) First aid courses, fire drills, posting of fire instructions, wider halls and smoke detectors be mandatory in seniors' housing and public housing;
- b) Provision of dead bolt locks, peepholes and window locks by housing authorities, private companies and landlords be strongly recommended and that their installation and usage be promoted by the United Senior Citizens of Ontario, senior citizens centres and all government agencies — Federal, Provincial and Municipal;
- c) Increased and continuing publicity be carried out (such as the folder "Owner's Property Protection") by all the organizations listed in above (b); and
- d) Municipalities be urged to implement appropriate caution signs and other methods (e.g. institutions, seniors' housing, push-button lights, crossing signs, cross-walks) as safety measures for the protection of pedestrians and motorists.

9. Theological Colleges

WHEREAS seniors and their families frequently have special need for spiritual guidance;

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Theological colleges of all denominations give special attention to the training of ministers in special counselling skills for the mature and elderly as well as for youth.

10. Religious Institutions

In view of the continuing need of seniors for a sense of involvement within the community, and the unique mandate and skills of religious institutions for the care and well-being of all people,

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

Churches, synagogues and other religious institutions investigate ways of becoming a caring community to the senior citizen segment of the population by doing more than providing a place of meeting, and by recognizing the fact that there are spiritual values to be cultivated in every phase of life, such as awareness, forgiveness and love for everyone.

Task Force on Immigrant Women

In the Spring of 1978 three Ontario Advisory Councils — the Status of Women, Senior Citizens and Multiculturalism — joined forces to look into the particular needs of immigrant women in Ontario. It is the intention of the Councils to make recommendations to the Government of Ontario that will help immigrant women (both the newly arrived and those who have lived in Canada for many years) to function to the maximum of their abilities.

Several methods were used to gather information for this study:

- a) A total of 125 questionnaires were sent to family service agencies, women's centres, community information centres, social service centres, planned parenthood centres and government health units in 23 cities and towns in Ontario. Eighty-nine replies were received.
- b) A questionnaire was published in "Especially for Seniors", a tabloid sent to senior citizens in Ontario who receive the Old Age Security Pension. Of the 276 replies, 128 spoke English at home, while 148 spoke other languages. All the replies were written in English.
- c) The Task Force contacted such government offices (on all three levels) as boards of education, public health services, employment offices, and Ministries of Labour, Community and Social Services and Culture and Recreation. Labour unions and library services were also contacted.
- d) A questionnaire was sent to a number of ethnic press editors in hopes that it would be published in their journals in the language of the readers.
- e) The Councils studied several reports on the subject of immigrant women: 1) a report prepared by Sheila Arnopoulos of the Federal Advisory Council on the Status of Women; 2) "Those People", prepared by the Inter-Agency Council for Services to Immigrants & Migrants; 3) Brief on Mental Health of Immigrant Women by Dirjana Ristic and Prof. Claude Vincent for the Multicultural Council of Windsor and Essex County; 4) "Who Cares", a report of the Project Child Care Survey in Metropolitan Toronto; 5) "The Immigrant Woman in Toronto", by D. Laing, Ontario Status of Women Council; 6) "Immigrant Women in the Labour Force", a summer student project of the Women's Bureau, Ontario Ministry of Labour.

Organizations outside Toronto were requested to write about their special concerns, and representatives and leaders of ethnic women's organizations were invited to a meeting on March 28, 1979.

The following areas of concern have been identified and recommendations will be submitted to the Government of Ontario later in the year:

Employment . . . exploitation in the work force, lack of training, lack of knowledge regarding rights

Human Services . . . limited access to services, services for senior women, recreational opportunities

Family Planning

Day Care

Family Counselling

Interpreter Needs . . . legal and medical

Information . . . in their own language regarding government, community services and legal matters

Senior Citizens Accommodation . . . accessibility to homes with specific ethnic backgrounds.

The Councils are confident that the recommendations arising from the study will assist immigrant women in their struggle for a better quality of life in Ontario.

Newsletter

The newsletter “Especially for Seniors” was first published in June, 1975, one year after the Ontario Advisory Council on Senior Citizens was established. The mandate to develop opportunities for the aged, and to study current policies which affect them, made it necessary to provide some means of two-way communication. The paper is published quarterly and sent to more than 750,000 seniors.

Our audience is not static, with new seniors joining the ranks every month. Those who move, from Ontario to other provinces or countries, from private homes to apartments, from their family groups to institutions, find a new way of life in the new setting. Writing about their feelings and fears is one of the ways by which seniors can better adjust to change. The newsletter, by encouraging correspondence from our readers, helps to meet a variety of needs. Each letter receives attention and is answered with honest concern.

Ontario citizens often do not take full advantage of the many services available to them. Through the newsletter the Advisory Council tries to keep seniors abreast of government and community programs such as the St. John’s Ambulance Course on Health Care for Seniors, which are set up to assist them.

Much of the information requested is readily at hand in libraries, post offices, schools, churches or community information centres and we encourage our readers to use their community resources.

The call for action on Canadian Unity and the Link Skills Exchange competition for a design (Winter issue), the Questionnaire (Summer issue) and the essay contest on “How you feel about Growing Older” (Autumn issue) evoked responses that were heart-warming and overwhelming. The intense need to express emotions, to record personal experiences and most of all a willingness to help is noticeable in the volume of mail received.

With a little encouragement, seniors are able to discover new goals in life or the means for achieving what they have always wanted to do. Admission to a nursing home or seniors’ residence should not prevent anyone from maintaining an active, receptive and inquisitive mind. In the eight pages of “Especially for Seniors” the ideas and enterprises of others are offered to stimulate action and growth among all our readers.

The format of the newsletter does not follow a strict pattern. The leading article covers a topic of current interest and is printed in French and English. Important reminders, such as renewal of applications for GAINS or tax refunds, are presented before the deadline dates. Reports on reader response to competitions and questionnaires appear as soon as they can be compiled. Whenever space allows, interesting letters from seniors are published. They catch the attention of, and promote a reaction from, other readers whenever they appear. Occasionally old friends are reunited as a result of names appearing in “Especially for Seniors”. Whenever taxes are mentioned, in any context, pensioners feel moved to explain the burden of educational taxes on the elderly.

Two types of column in the newsletter are guaranteed to start the letters coming into the office: anything to do with illness, and anything to do with recipes. The medical profession has an untapped source of healing in the advice and medications offered by seniors. Arthritis heads the list in “known cures”. No matter what interesting recipe is printed in the paper, culinary contributions arrive with the writers’ assurances that their particular recipes are easier to prepare and much more nutritious.

The measure of the effect and the value of the newsletter is judged by the response from our readers. They write well and they write sincerely. Compliments are encouraging but adverse opinions are the ones which make us stop and consider what we are doing and guide us into the future. “Especially for Seniors” provides the exchange of information which, we trust, strengthens and supports the efforts of all seniors toward a better way of life.





Ontario Advisory Council
on Senior Citizens

Annual Report
1979/80

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Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch

Dear Mrs. Birch:

It is with great pleasure that we present to you the sixth Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1980.

Sincerely,



Allan Upshall
Vice-chairman

Douglas H. Rapelje
Chairman

Florence Johnston
Vice-chairman

Council Members 1979-1980

Rapelje, Douglas H., Chairman

Welland

Johnston, Florence, Vice-Chairman
Upshall, Allan, Vice-Chairman

Thunder Bay
Willowdale

Health Committee

Kinsella, Patricia, Chairman
Howe, Laura
McCready, Margaret
Merry, George

Aurora
Dryden
Toronto
Kingston

Education Committee

Johnston, Florence, Chairman
Mennill, Joe L.
Naldrett, Evelyn
Rehill, James

Thunder Bay
Aylmer
Kingston
Stouffville

Income Maintenance Committee

Upshall, Allan, Chairman
Epstein, Norman
Johnstone, Thomas
Kendall, Maxwell
Withrow, John

Willowdale
Downsview
Ottawa
London
Toronto

Housing and Community Services Committee

Goodin, Richard, Chairman
Earhart, Leslie
Enns, Betty Lyn
Lanteigne, Cecile

Oakville
Scarborough
Kitchener
Kapuskasing

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Chairman's Remarks

Dear Friends:

The Ontario Advisory Council on Senior Citizens was established by an Order-in-Council by the Government of Ontario with a mandate for: the promotion and development of opportunities for self-help for the aged; and reviewing the current policies which have a bearing on aging and the economy.

Our Council's concerns encompass the total area of seniors' lives—their achievements, their contributions, their needs and their problems. While we agree that the community and government have to assist seniors in many ways, we also strongly believe in the responsibility of self-help by the aged for their satisfaction as members of society as a whole.

During the year 1979-80 we made every effort to go out into the community as often as possible. Our visits to Thunder Bay, Dryden, Brantford and Kingston not only provided us with information on the specific needs of diverse regions in Ontario but also created an opportunity to share views and concerns with seniors and organizations working with seniors. An outcome of a visit to northern Ontario is that we are now engaged in preparing a position paper on the needs of the rural elderly.

We have monitored government programs and services and are pleased with the new developments in such areas as chronic home care services and foot care provision, both of these issues were strongly advocated by our Council.

We have also spent considerable time on the preparation of background position papers which we trust will be of interest and help to seniors and those working with seniors. A report entitled "A Guide to Community Support Services" has been distributed to a wide range of organizations. The report is in check-list form, designed to promote and encourage programs which assist seniors in remaining independent in their own communities as long as possible and feasible.

Our Council has been encouraged by the recent announcement by the Ontario Government about new funding being made available to stimulate, develop and assist support services. While this move is timely and commendable, we wish to emphasize the need to promote a variety of programs; when possible, without government funding—simply community programs based on the principle of *people helping people*, in which everyone is concerned, young and old.

Other background papers, Death with Dignity, Dental Care for Seniors, Needs of the Rural Elderly and Intergenerational Programs, are in the process of being completed this year. The Council has also presented a number of recommendations to the Provincial Government as listed in this report. We feel the Council has contributed significantly to a more realistic and less stereotyped attitude toward seniors.

For the last twenty-five years I have been privileged to work for and with senior citizens and I have witnessed great progress.

In my first year as chairman I have continued to learn a great deal from seniors, from organizations and from governments—and we thank you all for helping our Council in its work on behalf of the elderly. As guest speaker and lecturer to conferences across the province I have talked about the achievements and needs of our seniors. In my travels I was most impressed with the many and varied ways seniors are sharing their skills, their talents and their expertise. This sharing improves not only the quality of life of their own peer group but also that of other generations.

Council members and I have established a closer working relationship with government and private organizations in a variety of policy planning areas. We participated in such consultations as the definitions of residents rights in long term facilities, the needs and future provision of home care services, revision of the nursing homes act and many other important issues.

On behalf of the Council I thank the Honourable Margaret Birch, Provincial Secretary for Social Development and other government officials for their support, co-operation and recognition of the Council. Also, my personal thanks to Council members and staff for their dedication and work.



D. H. Rapelje
Chairman

Committee Reports

Income Maintenance

The Income Maintenance Committee has concentrated during the year on some of the problems which seem to underlie the questions seniors are raising and the difficulties some of them are experiencing.

The Basic Guaranteed Income for Seniors in Ontario

At the time of writing, a single senior citizen is guaranteed an annual income of approximately \$4,450 per year, whereas the poverty line appears to be drawn at about \$5,000. This shortfall seems to be about 11 percent, although the additional benefits of free OHIP, free prescription drugs, and lower transportation and entertainment charges would, in many cases, bring the real basic income to \$5,000 or higher. (The \$5,000 is based on an average of three poverty lines established by the Senate Committee on Poverty, Canadian Council on Social Development and Statistics Canada.)

The Ratio of Income

The ratio of the income guaranteed to a single senior and to a senior married couple is about one to two. But a single person cannot live on one-half of what it costs a married couple. Rent, or taxes, hydro, heat, etc. are the same for single people, as for married couples. The Council believes that the guaranteed income for a single senior needs to be at least two-thirds of that of a married couple if both are to be treated equitably.

Spouses' Allowance

Although recent changes in this federal supplement have been advantageous to those men and women who are eligible for the allowance, nothing has been done for the single men and women in the same income category and the same age group. Much of the poverty in Ontario is experienced by men and women who are between 60 and 65 years of age who are not married to a spouse in receipt of Old Age Security.

Housing Allowance

Many seniors are eligible, according to income level, for subsidized housing, but there are not enough units to fill the need. Those seniors who are paying normal rents or paying property taxes out of small incomes require some type of housing allowance to put them on an equal footing with those who are fortunate enough to have found subsidized apartments. In 1976-77 we recommended the elimination of imbalances by making available an annual grant of up to a limit of \$1,000 for those persons 65 years of age or over on the basis of need. Such a grant would help senior citizens remain independent whether they rent or own their living accommodation. We are pleased with the recent announcement of changes in the

Ontario Tax Credit System which goes a long way towards relieving seniors in the low income level of the property tax and rental burden.

Incentive to Earn and to Save

This Council and other senior citizens' organizations stress the importance of seniors doing all they can for themselves. Yet under the system of the federal and Ontario supplements to seniors at the lowest income level, GIS and GAINS, there is no incentive given to make small earnings from employment and from savings. If a senior receiving these supplements earns a few dollars a week or has interest earnings of a few dollars a year, the supplements are reduced accordingly.

Men and women in a lower age group who are recipients of income under the Family Benefits Act are allowed to make modest earnings from employment without jeopardizing their allowance, and the Council would like to see similar concessions made for seniors.

The Income Maintenance Committee has studied the report of the Special Senate Committee on Retirement Age Policies, which was published in October 1979, and has noted the recommendations of the Committee, but it is withholding comment until the report of the Royal Commission on the Status of Pensions in Ontario has been published so that the two reports may be compared and appropriate support be given.

Education

Education and learning experience in their broadest sense—for seniors, with seniors and by seniors—was the target of this committee.

It was gratifying to learn that many of our 1978-79 recommendations were acted upon and are being implemented. These include Inter-generational programs which have taken on impetus by individual communities; the number of courses for seniors which are on the increase in many educational settings; expansion of government's program of senior volunteers in public service, etc.

With regard to the Council's recommendation that the Bell Canada Telephone Directory's government sections be revised to make them less confusing and more useable, we were very pleased with the steps taken in improving the format and style of the listings. However, we felt that further improvement could be made. This resulted in the Council passing the following recommendation for submission to the Honourable Margaret Birch.

WHEREAS the Government of Ontario is implementing changes in the Ontario Government Telephone Directory section of the Bell Telephone Book, and

WHEREAS these changes are aimed at clarifying the Ontario Government Telephone Directory

listings to functionalize and generally make it more useful to members of the public, and

WHEREAS senior citizens utilize the telephone, often as their only means of communication for help and information, and

WHEREAS there is ample evidence that seniors frequently call a variety of numbers when seeking information on government programs or assistance, and

WHEREAS numbers in the telephone directory are often in small print and, for many seniors, impossible to read,

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

THE GOVERNMENT OF ONTARIO INSERT A SINGLE NUMBER PRINTED IN BOLD BLACK LETTERS UNDER THE HEADING OF "SENIORS INFORMATION" IN THE ONTARIO GOVERNMENT SECTION OF THE TELEPHONE DIRECTORY.

The committee was pleased to meet with representatives of the School and Community Service Project Advisory Committee of Community Care Services, Metropolitan Toronto Incorporated to discuss the proposal for an award program for intergenerational projects. This resulted in the Council accepting a motion to endorse in principle, the award program as an additional effort in the promotion of intergenerational programs beneficial to the development of positive attitudes between young and old generations and in the provision of services to older adults.

A position paper highlighting these examples of specially designed educational courses for seniors—Elderhostel, Troisième Age Université and Third Age Learning Associates—was prepared and adopted by the Council for submission to the Honourable Margaret Birch. The full text and recommendation for action appear under Educational Opportunities for Seniors in Ontario.

Our future plans include the development of a Guide to Intergenerational Programs, not only in schools but in every possible setting.

Health

During the past year the prevailing objective of this committee was to promote and maintain wellness. The committee felt that it had to emphasize wellness and individual responsibility for one's well-being, and we shall pursue this concept in our future endeavours. Ways and means of maintaining health can be learned by all of us. Age is not a disease, it is a normal and inescapable process.

We are pleased that a number of our previous recommendations have either been implemented or are being acted upon. The two major areas of change are chronic home care services and foot care. The first program was originally carried out through seven pilot projects in selected locations and by 1982, it will be available across the province. The second concern was foot care services and here again changes in the training and availability of specialists will make this

important service more easily accessible to many more of Ontario's residents.

There appears to be greater concern with preventive health care measures as evidenced by government and community agencies in the promotion of nutrition and physical fitness.

Dental care for seniors is a concern expressed to us by many people. The committee, in consultation with experts in this area will be researching dental care and preparing a position paper on the present situation and possible alternatives and solutions for the future.

A great deal of time was devoted to a discussion paper on Death with Dignity—an important and controversial subject. We are indebted to many, many people for their views and assistance in the formulation of the discussion paper. We look forward to having it available to the public in the near future. It is our sincere hope that it will assist in assessing and improving attitudes and will evoke discussion, particularly as dying and bereavement affect senior citizens.

We would also like to extend our appreciation to the various government agencies who have sought our advice and input on a number of important issues. Just to name a couple, we participated in the review and amendment of the existing Nursing Homes legislation and in the consultations on Home Support Services.

Future plans also include investigation in the area of drug abuse by seniors and promotion of gerontology courses for health care professionals. The committee will monitor the implementation of home care programs throughout Ontario as well as the developments in foot care. Wellness will remain a topical issue and members will continue to press for changes and hopefully reverse the attitudes from being "sick and cared for" to being "well and helping oneself".

Housing and Community Services

The responsibilities of the committee are reflected in its title. Our work entails good knowledge of the subject matter and close liaison and consultation with personnel engaged in providing housing and community services. Our recommendations and studies complement the work of other committees and adhere to the general objectives of the Council.

Last year the committee decided to concentrate on senior citizens living on their own or with families or friends in the community. This constitutes about 92% of the total of Ontario's senior population of 780,000.

Property taxes are of great concern to us as a large number of homeowners, especially seniors, are finding it increasingly difficult to maintain their homes mainly because of property taxes, of which a large percentage is for education. Recommendations were made to implement change in this important matter.

With regard to the point system as the basis for assessment and admission to subsidized housing, action was taken to encourage revision of present procedures. Council's submission and future changes are described in full under the Point System for Admission to Ontario Housing Corporation Buildings.

Transportation continues to be on our priority list and attention was devoted to the accessibility to

various services, medical visits, shopping, places of worship and recreational and social activities. At the same time we also looked at volunteer drivers insurance and grants and subsidies for special transportation programs.

One of our top issues is loneliness experienced by some seniors. We will be looking at the causes and conditions of loneliness which often result in negative effects and problems. We are approaching this dilemma objectively and hope to come up with progressive, and practical suggestions and solutions.

We also examined the areas of demonstration multi-purpose senior citizen centres, home support services, community information centres, housing

allowances, day care centres, legislation of retirement homes, involvement of seniors in community affairs, crafts and recreation, etc.

We have had a busy and interesting year. The committee monitored programs and developments of Federal, Provincial and Municipal governments as well as policies and practices in some other countries. We were fortunate to receive devoted co-operation and interest of trained and experienced people on a wide variety of subjects.

In conclusion, it should be recorded that to keep abreast with the many changes is, in itself, an attempt to face a challenge of major importance.

Regional Meetings

Council members firmly believe that in order to portray the achievements, aspirations and needs of the 780,000 seniors in Ontario, they must consult as many of them as possible. Regional meetings have been an extraordinary experience in listening and learning. We also experienced first hand, some of the special problems and needs of rural and often isolated aged. This prompted us to proceed with a study on the needs of the rural aged.

Mr. Douglas H. Rapelje, Chairman, and Council members had most informative visits and public forums to a number of communities.

Thunder Bay

At a Public Forum held at the Thunder Bay City Hall, August 27, 1979, a number of concerns were discussed: *Inadequacy of pensions resulting in many seniors, especially single or widowed, living below the poverty line; Housing—Thunder Bay needs more subsidized apartments; for seniors in non-subsidized housing there should be a subsidy because of exorbitant rents; long winters in northern Ontario are very hard on seniors—they need transportation for shopping, medical services and their social and recreational needs; pre-retirement programs were discussed and it was agreed that more are needed, but there was no consensus on compulsory retirement.*

While in Thunder Bay Council members visited four facilities.

Hoito Club—A meeting and TV viewing room provided by the Hoito Finnish Club for their single elderly men.

St. Joseph's Manor Centre—a most advanced, researched and imaginative complex where the levels of care go hand-in-hand from independent living to nursing care, in a total community where children from adjacent schools use the centre and adults are involved in a variety of programs.

Grandview Lodge—a Home for the Aged which demonstrated that there was no need for facilities catering solely to specific ethno-cultural backgrounds. The Thunder Bay population is very diverse and people who have been neighbours and worked together seem to be content to continue in the same manner in their older years. At this facility some 60% of the residents are of Finnish extraction.

Herb Carroll Centre is unique not only in the variety of programs but also because it is housed in an Ontario Housing Corporation building for seniors.

Dryden

At an evening public forum held on August 28, 1979 a number of presentations were made and the issues raised were discussed:

Minimal Care Home for the Patricia Region was a worthwhile project, however concern was evident regarding delays in implementation causing interim hardship to the elderly.

The Ministerial Association was concerned about the plight of Native people who, when hospitalized,

experience great difficulties due to language barrier and lack of interpreters.

Dryden District Hospital Board told the meeting that there was no Home for the Aged or Nursing Home in Dryden and that seniors had to be kept in an active treatment hospital or sent 90 miles away. Extended care facilities are urgently required and there is a need for an integrated health service.

Victoria Apartments Association reported on what seniors can do about their own environment and how they can care about each other.

The next morning Council members visited the minimal care home, still under construction, the City Hall for a surprise and most welcome greetings, the Van Horne apartments and the Dryden Athletic and Recreation Commission and Arena used by seniors as well as young people.

Further presentations were made at the Dryden Senior Citizens Club 54 and Go-Getters Club Inc. The club is not only self-supporting but has raised and donated sizeable amounts of money to worthy community causes and projects.

Various concerns were discussed: *Alternatives to Institutional Care serves twelve municipalities with very limited staff resources; Northwestern Health Unit pointed out that seniors need more good health counselling and home care services; Kenora-Rainy River District Health Council noted that vast distances present many problems in providing services to the elderly, many of whom are single or widowed without any family support; Mayor's Committee on Senior Citizens Services, Sioux Lookout pointed out that 20% of hospital beds are occupied by the elderly as there are no other extended or chronic home care services; East Kenora District Housing Authority expressed concern regarding co-operation with Ontario Housing Corporation.*

Brantford

In response to an invitation from the Elderly Citizens Committee, Brant Social Development Council, the day of October 16, 1979 was spent in Brantford.

The visit commenced with a public meeting with the Six Nations Ojistoh Senior Citizens Club at the Lady Willingdon Nursing Home in Ohsweken. A number of concerns were raised.

There is a great need for immediate planning for the future of the Six Nations Reserve as its population has increased from some 4,000 to 10,000 due to many elderly retired people returning to the reserve and will eventually require more services than are available at the present time. There are no community support services such as Meals-on-Wheels program nor chronic home care service.

The Lady Willingdon Nursing Home is fully occupied and there is a waiting list for admission. The facility is ancient and inadequate, however the atmosphere and the care are excellent and mirrored in the smiling and happy faces of residents. The Council brought this matter to the attention of the appropriate government ministry.

At a lunch visit to the Senior Citizens Day Centre, Council members had informal discussions with Community Service staff and volunteers, municipal and agency representatives and senior citizens.

The afternoon Public Forum held in the Centre's auditorium brought out a number of questions and suggestions, some of general interest and some of a rather personal nature.

A concern was expressed on the cut-back of hospital beds and the need of having them re-opened for seniors.

Personal safety on the streets and at home appeared to worry some seniors.

Community Care Services were viewed as a priority and while the recent Ontario Government announcement of increased grants for such services was lauded, it was pointed out that it lacked proper planning. It was recommended that grants be earmarked to be given to those agencies or groups identified and approved by local communities. Also a Community Support Services Act should be established to clearly identify services for the 92% of seniors who live in the community and not in institutions.

Some other concerns were: *need for universal chronic home services; incentives to seniors to start and finance their own senior citizens centres; increased consumers' protection and accessibility to services and transportation.*

Kingston

A tour of St. Mary's of the Lake Hospital was a most enlightening experience in that it demonstrated what a medical facility can be given the appropriate direction and staff attitude. It was obvious that every service was carefully planned, that patient rehabilitation was of paramount importance and many innovative methods were being developed and utilized.

At the Public Forum several briefs were presented by individuals and by organizations. Individuals pointed out difficulties in the availability and costs of foot care services; co-payment charges for chronic care and pharmaceutical services and night-time care services. Kingston Community Alcoholism Council was concerned with the lack of data and services to tackle the problem of alcohol abuse by the elderly.

A group of concerned Senior Citizens submitted a brief on foot care, specifically on care for minor foot ailments and recommended that basic foot care service be available in every Ontario community.

"Bridging the Gap", an Intergenerational Program at Loyalist Collegiate and Vocational Institute has been extremely successful in bringing together senior citizens and students in a learning experience; older

people participate in taking courses in fitness, day-time credit courses and craft oriented projects; students assist in a variety of ways, including a meals-on-wheels program and hairdressing services.

Kingston Senior Citizens Council Incorporated works under the motto of "seniors helping seniors" and offers a variety of services: home help, trips and social events, educational programs, food distribution, volunteer drivers, friendly visiting and shopping trips.

A brief on Housing for the Elderly advocated changes in housing design particularly noting placement of laundry facilities; proximity to shopping facilities; improvement of heating in living rooms and bathrooms. These changes would be extremely helpful in assisting the independent disabled.

Royal Canadian Legion, Branch 9, brought up the difficulties experienced due to the death of a spouse or institutionalization of one or more members of a family.

Members visited the Providence Manor Home for the Aged, a church operated home that features a day care program, a meals-on-wheels program and also serves as a learning facility for family medical practitioners on health needs of the older person. 60% of the 223 beds are for extended care patients.

Rideaucrest Home for the Aged again made it evident that while every effort was made to provide high quality of life for its residents, changes in the future have to be considered with respect to recognizing the higher levels of care required by many seniors.

A group of co-ordinators of continuing care in the Kingston area met with the Council members to discuss problems facing them in providing the continuing care required by some seniors, particularly in regard to assessment of needs and their placement within the program.

An evening discussion was held with members of the medical faculty of Queen's University, and many problems of mutual concern, including Death with Dignity were reviewed.

McArthur College, of the Faculty of Education of Queen's University, provided an opportunity to discuss "intergenerational" programming in the schools and the sensitizing of teachers to the value of using older adults in the classroom setting. Intergenerational programs in Kingston have been initiated and positive results are now being seen.

The Carveth Nursing Home, in Gananoque, was the final stop—here the Council members found a modern, well-equipped, and very comfortable home for seniors. Problems, both financial and operational, were discussed, and the role that the Home plays in the community by making its facilities available to senior groups outside of the Home was explained.

Submissions and Studies

Position Paper on the Final Report of the Provincial/Metro Task Force on the Elderly Persons Centres Act

On October 23, 1979 a Position Paper was submitted to the Honourable Margaret Birch regarding the Final Report of the Provincial/Metro Task Force on the Elderly Persons Centres Act.

The report embodied an in-depth study of the Act and its ramifications on the operations of Centres and recommended a variety of changes.

The basic issues and problems which were considered by the Task Force on the Elderly Persons Centres Act were:

- a) The need for more appropriate legislation with the proper funding for certain Home Support Services for the elderly;
- b) The negative effect of the \$15,000 ceiling on the provincial contribution to the operating budgets of approved Elderly Persons Centres; and,
- c) The lack of a legislative framework and standards for Day Care services for the elderly.

These issues were identified as the most significant drawbacks at the present time with respect to the Elderly Persons Centres Act. As the result of the lack of overall co-ordination and the funding difficulties which Centres have experienced, Elderly Persons Centres have continued to operate under less than satisfactory conditions. The Task Force envisaged Elderly Persons Centres as not only offering a broad based arrangement of recreational services but, as well, fulfilling the requirement for a comprehensive system of social services for older adults.

The Ontario Advisory Council on Senior Citizens received the Final Report of the Provincial/Metro Task Force on the Elderly Persons Centres Act in July 1979. At the September meeting of the Council, the recommendations contained in the report were discussed at some length and reviewed with representatives from the Task Force. As a result of this discussion and subsequent discussions by the Executive of the Council, the following positions were taken by members:

The \$15,000 ceiling on the annual provincial contribution to Elderly Persons Centres should be eliminated and provision should be made for a full 50% provincial contribution to the operating budgets of Elderly Persons Centres.

Services in Elderly Persons Centres currently funded by the Homemakers and Nurses Services Act should continue and funding for additional home support services should be added. The additional services would include such programs as minor home repairs, telephone reassurance, odd jobs and friendly visits etc.

The cost sharing agreement for Community Support Services should be amended to reflect an 80% provincial contribution and a 20% contribution from municipalities and the voluntary sector. This cost sharing arrangement would enable:

- a) More flexible funding for municipalities to offer a variety of community services which will reflect the needs of their community;
- b) The volunteer sector to provide the necessary funds for the continuation and creation of new community support services;
- c) Elderly Persons Centres to become more multi-purpose;
- d) Better long range planning in meeting the needs of seniors who require support services;
- e) The development of support and services in rural and outlying areas.

The Government of Ontario should develop a Home Support Services Act designed to govern all support services provided on an income tested basis by communities and volunteer agencies. This Act would allow sufficient funding in creating and maintaining services and provide communities with the flexibility to set their own priorities in terms of the needs of their community. The cost sharing formula of the act should be 80% provincial and 20% municipal and voluntary contribution.

The Council recommends that the government seek input from both large and small communities across the province before implementation of the Task Force recommendations.

The Council recognizes the complex difficulties of planning for future generations of older adults in Ontario. Members remain firm in their belief, however, that changes must be made now in order to avoid crisis planning which has all too often characterized planning for the elderly in the past. Boldness cannot take the place of rational planning, but innovative planning based on experience will provide the foundation for a functional and realistic system of services for seniors. Of particular importance, it must also be recognized that volunteers are essential to the success of community support services and in this regard new incentives must be provided to encourage their participation.

The Provincial/Metro Task Force on the Elderly Persons Centres Act is a step in the right direction. Its implementation will, in Council's opinion, provide a sound interim move towards a continuum of care for the elderly.

Educational Opportunities for Senior Citizens in Ontario

The Ontario Advisory Council on Senior Citizens has been concerned for some time with the need for the

promotion and availability of educational opportunities for older adults. In turn, the Government of Ontario has responded through the reduction or elimination of tuition fees for senior citizens who wish to attend courses offered in post secondary educational institutions. This policy has no doubt attracted many seniors in allowing them to take advantage of the curricula in post secondary institutions.

Council believes, however, that many seniors are reluctant to take advantage of the regular education system. In contrast, unique educational programs specifically designed for older adults have, where instituted, been highly successful. Aside from the education aspect of such programs they also offer significant social, economic and health benefits. The Council has therefore prepared a position paper highlighting three examples of specially designed educational courses for seniors. While these programs differ in their methods they are based on a common theme.

In this spirit, the Council has recommended the following course of action and submitted it, together with the position paper, to the Honourable Margaret Birch:

The paper entitled "Educational Opportunities For Senior Citizens in Ontario" be distributed to universities, community colleges and private residential schools in Ontario to encourage the development of similar programs for senior citizens in a Canadian context.

The position paper indicates that senior citizens in Ontario are showing a growing trend in their participation in educationally oriented activities. The promotion of the concept that "Learning is a life-long process" has taken a firm hold as evidenced by the introduction of a great many continuing education courses in Ontario's education system. Of specific interest, however, is that the average age of participants has increased, reversing the more traditional concept that education is the sole domain of youth. But what does this mean for older adults and particularly for the person who has retired and is experiencing the phenomenon of "time on his hands"?

Education has taken on a very different meaning in the last decade. It is no longer perceived as the traditional or formal system of acquiring knowledge. It has, no matter what the critics may say, achieved a more universal application and one which has very appealing benefits. The person who did not complete his formal education may now pursue that goal as a mature student. The active hobbyist or person who wishes to acquire new skills can take advantage of multifarious courses offered in many different educational settings. Moreover, the older adult has been further encouraged by the reduction of tuition fees, or, in some situations, their elimination.

The Ontario Advisory Council on Senior Citizens views the foregoing as a positive sign that education for older adults is starting to receive impetus in the education system. In this respect, they see more opportunities, which could further benefit older adults through the provision of specially designed programs. In addition, there are added advantages in both economic and intergenerational aspects of such curricula.

The position paper can be summarized as follows:

Educational opportunities for senior citizens in Ontario have experienced considerable growth in recent years, particularly in post-secondary educational institutions.

Programs for older adults such as Elderhostel, the Troisième Age Université and Third Age Learning Associates provide examples of older adult education programs which offer special advantages:

- a) The Elderhostel model provides not only a learning experience but travel opportunities for the older participant.
- b) The Troisième Age Université program offers a "wellness approach" which has significantly contributed to the improvement of the physical and mental health of its older participants.
- c) Third Age Learning Associates is a free Information Centre which also offers direction on how to plan and organize a Third Age Learning group and advise of programming and publicity for Third Age Learners.

Post-secondary educational institutions operate primarily during the fall and winter months. The use of these institutions in the "off season" or summer months by older adults would be beneficial both to the school and the senior participant.

Programs such as the ones outlined above could offer certain economic advantages through additional tuition fees and employment of teaching staff.

The participation of older adults in the educational system would promote intergenerational contact and once again be of potential benefit to younger adults.

The introduction of specially designed curricula for this group would appear to be the next logical step in view of declining enrolments among the young and the growing proportion of older adults in the population.

The position paper has been distributed to Community Colleges of Applied Arts and Technology and Ontario Universities. A copy of the position paper is available upon request from the Council's office.

Council's Response to "Community Dialogue on Home Support Services" Questionnaire

On March 25, 1980 the Council's chairman presented to the Ontario Ministry of Community and Social Services a response to the "Community Dialogue on Home Support Services" questionnaire. The Council commended the government on their strategy for policy development of community support services by using a variety of consultative methods. These included internal discussions, dialogue with communities and consumers. We were pleased to have been given an opportunity to participate in the dialogue and present our stand and views on the areas outlined in the questionnaire. Since its inception, the Council has promoted the need for more emphasis on community support services as evidenced in the following recommendations which appeared in the Council's 1978/79 Annual Report:

"The Provincial Government establish as a high priority the development of community support services;

Because of the diversity of needs of individual communities there be flexible funding for community support services;

Because of the increased need for community support services encouragement and assistance be provided to the voluntary sector;

The Ontario Advisory Council on Senior Citizens in conjunction with appropriate ministries develop and distribute a "Guide for the Development of Community Support Services" to help promote and assist such concept; and

To assist with co-ordination and funding community support services the Government of Ontario develop legislation to provide a comprehensive Home Support Services Act."

In addition, the Council has on numerous occasions emphasized the need for more co-ordination and co-operation of services, at present under the jurisdiction of a number of ministries and authorities such as Health, Community and Social Services, Housing, Municipalities, Local Housing Authorities, etc. in order to effectively achieve a continuum of care model in this province.

When striving for expansion of Community Support Services it is imperative that such services be clearly defined and include direct personal services which enable people with special needs to remain in the community as long as possible and feasible. It is also our belief that when considering legislation to cover community support services all programs provided by government, private agencies and voluntary bodies be included under one act, regardless whether they need public funding or are on a voluntary basis.

The Council is encouraged by the recent announcement that the Ministry of Community and Social Services will provide more funds to community support services. However, the twenty-seven million dollars for such services to the approximately two hundred and fifty million dollars budgeted for Homes for the Aged alone, indicates that there is a relatively small amount spent on approximately 92% of the seniors who live on their own or with families in this province.

Our presentation deals with all the areas outlined in the questionnaire, e.g. definition, principles and objectives of home support services, role of volunteers, family responsibility, funding, standards, etc. A copy of the document is available on request from the Council's office.

Legislation to Control Establishment and Operations of Retirement Homes

On December 18, 1979 the Ontario Advisory Council on Senior Citizens submitted to the Government of Ontario the following recommendation regarding Legislation to Control Establishment and Operations of Retirement Homes (First submission April 7, 1978).

The Ontario Advisory Council on Senior Citizens is gravely concerned with the lack of controls of private facilities housing a number of seniors under the names of a "retirement home", a "rest home", or a "group home", etc.

We firmly believe we have to continue efforts in upgrading living arrangements for seniors and we also believe in seniors having a choice of their own life-styles, including choice of living accommodation.

Some existing facilities, however, and some newly established ones fall into categories which are outside of the jurisdiction of any governmental control, whether at the municipal or provincial level.

THEREFORE THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT:

The Government of Ontario, through its existing authorities, immediately implement legislation governing the establishment and operation of facilities for senior citizens, be they Boarding Homes, Retirement Homes, Group Homes, etc.

Since the submission of the recommendation there has been an increased awareness in the community regarding the operation of Retirement Homes, Rest Homes, etc. The Council therefore wishes to re-instate the original recommendation and request the proper Ontario Government authorities to take *immediate action* in remedying the situation.

While we firmly believe in seniors having a choice of their own life-styles, including choice of living accommodation (as stated in our recommendation) at the same time we recognize that the Government has to have legislation to protect those seniors who have no other choice but "lowest or no-care" facility.

During the past years the existing legislated facilities, Homes for the Aged and Nursing Homes, have undergone changes. These facilities are now providing extended care and chronic care to a much greater degree and thus deviate from the original mandate of services. This now creates a situation where more and more seniors requiring lower care or minimal care are forced to seek shelter in unlicensed homes.

The Council realizes that municipalities have the responsibility of licensing boarding homes, however the licensing only deals with the physical aspects of the facility, e.g. zoning, fire regulations etc. Recently the Government of Ontario suggested to municipalities to consider passing by-laws for the regulation of boarding and lodging homes (Section 352-(77) of Municipal Act) so that residents of such homes be assured that their living conditions meet basic standards related to health, fire and safety.

We heartily commend the Honourable Margaret Birch in encouraging the municipalities to review their legislation and ensure more regulated conditions, while still allowing for flexibility. However, we are still concerned that there will be inconsistencies, especially with smaller municipalities who often lack funds and manpower. We feel very strongly that the Provincial Government has to review its responsibility for seniors in this particular category. The Government has legislation governing Homes for the

Aged and Nursing Homes and it has to be expanded to include the “lower care” facilities. This legislation would aid in providing a continuum of care for seniors and establish interaction between various components of living choices. We would be remiss not to mention at this point that at the time when such legislation is being established another serious attempt should be made to have the legislation for long-term care facilities placed under one ministry to eliminate the present confusion between the Ministry of Health and the Ministry of Community and Social Services. The Ontario Advisory Council on Senior Citizens has previously recommended that this be under the jurisdiction of the Ministry of Community and Social Services.

The Council would also commend and lend its support to the Government efforts in encouraging municipalities to review their official plans and zoning by-laws to permit more flexibility in the establishment of group homes for seniors. We feel this would promote better integration of seniors into the total community.

We feel that the needs of seniors in boarding homes, rest homes and retirement homes is an important issue facing our community and we urge the Government to review the situation.

Response to the above was received on January 17, 1980 stating that the Government has debated the issues in the legislature and that for a number of reasons it was important that responsibility for regulating retirement homes remain at the local level. It was also stated that such an approach encourages local concern and interest, it also allows standards and procedures to be developed in accordance with local needs and it helps to ensure the right of individuals to make their own decisions and choices. The community approach also recognizes the fact that many boarding homes and lodging houses have residents of different ages from varying backgrounds. This situation could make it difficult to draft and implement legislation in respect to one specific group such as seniors. The Government will be following the situation of retirement homes closely and will inform the Council of any new developments.

The Point System for Admission to Ontario Housing Corporation Buildings

The Ontario Advisory Council on Senior Citizens has been concerned for some time now with the procedure for admissions to Ontario Housing Corporation buildings for senior citizens. While the Council is not opposed to charging rents commensurate with one's ability to pay, they believe that certain situations call for more weight to be given to the social and health needs of an individual. This attitude was recently reinforced by the Honourable Claude Bennett, Minister of Housing, when he addressed the Association of Ontario Housing Authorities at their Annual Conference in Sudbury in November, 1979. The minister stated, “It seems unfair that those who, because of thriftiness or the ability to

save, are no longer eligible for the government's programs. They may no longer be physically able to cope with the maintenance problems of their own homes and may want the companionship offered in senior citizens buildings”. In addition, the Council believes that many seniors who may have potentially useful talents may also be excluded under the current admission system. For these reasons, the Council fully supports the Minister's statement and recommends revision of the point system for admission.

The current point system has created some difficult and undesirable situations in that it places a limitation on the availability of senior citizen housing to many needy seniors. It is argued by Council that the point system in Ontario Housing Corporation buildings hampers the movement of people from higher to lower levels of care. Aside from the financial aspect, the Council contends that the role of institutions should be to rehabilitate and, where possible, reinstate a resident back into the community. If the point system excludes an individual because of physical limitations, then the individual has no choice but to remain in the institution regardless of his progress. The frequent result is the gradual decline of an individual who is institutionalized and the subsequent increasing costs as that person moves through higher levels of care. To this end, the Council suggests that movement between levels of care must be facilitated in terms of the availability of subsidized housing and the very real need of an individual to remain in the community for as long as possible.

We have reviewed the Ontario Housing Corporation's admission form for senior citizens and feel it is in need of revision. Moreover, it is our understanding that a new form is being developed and that its expedient implementation would help amend this situation. With respect to the new form, the Council recommends that the following areas be considered for inclusion:

- a) Income limitations, as defined in the current admission form, provide zero points for an individual with a monthly income of \$501 or more and \$601 or more for a couple. The Council appreciates that for persons earning less than these amounts, subsidized housing is essential. Therefore, particularly in view of the Ontario monthly guaranteed minimum income for a senior citizen couple being \$722.12, the Council feels that the current maximum income levels are too low. Moreover, as stated above by the Minister, those persons who have shown thrift should, in the Council's opinion, be considered in the admission process in those situations where the need is evident.
- b) The Council believes that while the proposed form provides points to those individuals whose present accommodation is poor or inadequate, it inadvertently mitigates against persons living in an institutional setting. In view of the current initiatives of the Ontario government to help older persons remain in their own homes and to rehabilitate wherever possible, institutionalized seniors back into the community, the Council feels that some leeway should be given to accommodate institutionalized persons. This concern

underlies a major thrust for the Council and other agencies serving the elderly in emphasizing the importance of placement and co-ordination for senior citizens. In short, the Council feels it is imperative for the Ontario Housing Corporation to work with institutions and community service agencies in becoming a part of the developing continuum of care system in Ontario. It would therefore seem logical that the Ontario Housing Corporation consider additional categories in their admission form or establish a system in the review process for admission to accommodate previously institutionalized seniors.

In his letter, responding to the above position paper, the Honourable Claude Bennett, Minister of Housing, clarified the three major concerns raised by the Council.

With regard to the first concern, that more weight should be given to the social and health needs of individual applicants, some major changes in the terms of eligibility will be introduced by Ontario Housing Corporation. The Council is pleased that basically all senior citizens, irrespective of their means will be eligible to apply.

The point rating system will continue to take into account the factors of income and assets in order to ensure that applicants with low incomes receive first priority, but Housing Authorities will be authorized to offer up to 15% of the available housing to persons with higher incomes whose need for assistance is for other reasons. Also, in keeping with the belief that rents should be commensurate with the ability to pay, an additional sum, calculated against the value of any non-income producing assets held, will be added to the normal monthly rent geared to the tenant's income from all sources. A ceiling rent, equal to the appraised market rent for similar accommodation in the area, will be imposed to guard against excessive charges.

In response to the second concern that the point rating system hampers the movement of people from higher to lower levels of care, it was explained that the housing program from the outset was directed towards totally self-sufficient people able to cope with all aspects of daily living. At the present time an experiment is being carried out in a community by the Ontario Housing Corporation, in co-operation with a local Home for the Aged. A joint committee is furnishing and equipping units for occupancy by selected residents of the Home for the Aged. These residents will then be supported by the Home's staff and an "Outreach Program" by which they will be taken to the Home for meals and necessary medication. It is hoped that having lived in an apartment with this type of support for a short period the residents will have regained sufficient self-confidence to enable them to return to independent living in homes of their own.

The third point raised by the Council related to the points awarded on the application form itself for monthly incomes. The Ontario Housing Corporation has agreed that the figures of \$501 or more for single persons and \$601 or more for couples as the levels at which zero points are awarded have been overtaken. In the revised form these figures have been increased to \$700 and \$1,200 respectively and the scale of points awarded at lower levels has been adjusted accordingly.

Through the Eyes of Others

The Ontario Advisory Council on Senior Citizens received more than 1,000 replies from older persons responding to a questionnaire it printed in its newsletter last year in order to learn more about their experiences and attitudes towards being old in Ontario. What came through in the responses was an "overriding sense of individuality and diversity of circumstances . . . suggesting that "appropriate and effective support requires varied and flexible services from which options can be chosen." Seniors also seemed to be at odds with their community in that many were anxious "to dispel the attitude that they are a burden to the community;" others, however, felt "the community should assume more responsibility for older adults."

With regard to income, many older people feel insecure because their pensions have not kept up with inflation, and resentment both towards the young, who seem pampered at the expense of seniors, and towards some of their age peers who are receiving public income assistance because they have not planned or saved all their lives. Those who did save but are not quite poor enough to qualify for means-tested benefits feel especially penalized. Others thought income assistance should be given according to need rather than age. Many seniors expressed dissatisfaction with what seemed to them the abrupt and indifferent attitudes of health care professionals toward seniors. They also found it difficult to implement preventive health care measures because transportation to health clinics and doctors' offices was too expensive. As a result, help is only sought when absolutely necessary. Income is also inadequate to obtain good dental and eye care. Services, such as chiropody, osteopathy, mental health and home care, are either unavailable or too expensive for most elders. Many also expressed concern on behalf of friends and relatives about the poor quality of care in institutions.

The elderly complained about service providers generally; many are very young and seemed to place theoretical concerns above the individual needs of their aging clients. However, "volunteers hold a place of special merit in the eyes of seniors. They seem to offer the type of service and care that is personalized and given with feelings that reach out to the senior as an individual."

Many of the respondents stressed the importance of remaining active, the desire to learn new skills, and a willingness to be regarded as a resource to the community. Concern was expressed about the financial ability to remain active, however.

The desire to remain independent in a home of one's own choice is overwhelming. This suggests the need to have more than one housing option available and to have the financial wherewithal to exercise one's choice. Many elders fear they will not be able to maintain their homes.

The information that has come in from respondents was used by the Ontario Advisory Council as a basis from which to make recommendations to the government.

Copies of the publication are available on request from the Ontario Government Book Store.

Newsletter

The Ontario Advisory Council on Senior Citizens came into being in April 1974. Before long it became apparent to the Council that some method of communication was necessary. Pensioners in Ontario needed to be advised of the planning and results achieved by the Council and to be truly effective, the Council members needed to know how seniors felt about all the influences which affected their lives.

The newsletter "Especially for Seniors" was first published in June 1975. The eight page, large print tabloid is issued every three months and mailed free of charge to all Ontario residents 65 years of age and over who are receiving a government pension.

The lead article is printed in our two official languages while the rest of the newsletter outlines interesting projects, new legislation affecting seniors, or programs of interest to older adults. Achievements, recipes, poetry, interesting letters, book reviews and travel tips are often drawn from the correspondence we receive from our readers. From time to time, questionnaires are used to help the Council assess the opinions and the circumstances of older citizens.

Whether they express praise or censure, letters from our readers receive thoughtful attention. Most can be answered from our own knowledge and, where another agency or government ministry is involved, the letters are forwarded to the office best able to provide information or assistance. In this way, a good

relationship has been built up with many people who are experienced in working with the older members of our population.

Requests for advertising, Pen Pal columns and personal announcements are received all through the year although this type of message is better carried by bulletins or daily newspapers with a wide local circulation. "Especially for Seniors" is not suitable for notices of current events which may be out of date before the paper is delivered. Its purpose has always been to promote ideas, to support progressive programs and to encourage seniors to think and act for themselves.

The tenor of our correspondence has changed in the four years of the newsletter's existence. The demands for militant action are moderating to suggestions for sharing and concerted effort. In this respect, the modern senior demonstrates an awareness of the value of his background and experience, a sense of stewardship and the responsibility that it implies. It is a source of pride to the Council that pensioners write to us from different parts of the world as well as the province, and look to us for guidance in many aspects of present-day living. As more men and women reach pensionable age we hope that "Especially for Seniors" will help to channel the thoughts and efforts of all seniors toward a strong community spirit.

Report of Joint Task Force on Immigrant Women

It has long been recognized that immigrant women have particular problems adjusting to life in Canada.

A Canadian-born woman may have difficulty reconciling the conflicting demands of homemaking, motherhood and a paying job. The immigrant woman, however, must face these same problems while having to learn a new language, adjust to a different culture, often while living in overcrowded conditions due to the low earning power of both her husband and herself.

These problems are recognized and some agencies are aiding the immigrant woman, but very little has been done to identify, clearly, solutions which would ease the burden for these women and promote full integration into Canadian society.

The Ontario Status of Women Council, The Ontario Advisory Council on Senior Citizens and The Ontario Advisory Council on Multiculturalism each provided members to serve on a Task Force to investigate this matter.

The Joint Task Force was given the mandate of carrying out an investigation and putting forth recommendations to the Ontario government on methods of improving services and conditions affecting immigrant women.

This report is based on the experiences of the councils, results of the questionnaires and interviews, and information contained in 15 reports listed in the bibliography. The following areas of concern have been identified:

Employment—exploitation in the work force, poor working conditions, lack of training, lack of knowledge regarding rights, deprofessionalization, job ghettos, requirement of Canadian experience.

Day Care—lack of it, inaccessibility, high cost.

Senior Citizens—limited access to services available to older immigrant women, lack of language capability, nursing homes, family exploitation.

Education—lack of responsiveness to immigrants' needs.

Counselling—isolation of women, working not culturally accepted, family planning, lack of language capabilities of family service agencies, three-year residence limitation, lack of family support, family breakdowns, sponsorship breakdowns, mental health.

Communications—lack of knowledge about services available, need for information in own language, interpreter need, co-ordination of services.

Recommendations to the Canadian Government Regarding Policy Affecting Immigrant Women

The Task Force has prepared recommendations addressing problem areas. The recommendations have been deliberately geared to the existing

framework of organizations and have been prepared with a view to minimizing additional expenditures.

We recognize the depth of the current problems and the efforts at correcting them on the part of many government bodies. These recommendations represent a continued commitment to alleviate the remaining problems.

The following are recommendations pertaining to senior citizens.

Problem: Older immigrant people who move into homes for the aged often prefer one in which their native language is used and familiar customs and cultural habits are observed. Such ethnocultural homes exist in Ontario, but appropriate homes may be situated in a community in which the older person is not a resident. In the case of some homes for the aged and apartment complexes which are subsidized by the municipality, a one-year residence in that community is required, making it impossible for some of the older immigrant people to be eligible to reside in them.

It is recommended that:

1. *The Ministries of Housing, Governmental Affairs, Community and Social Services and the Association of Mayors and Municipalities in Ontario set up a committee to establish guidelines for reciprocal municipal agreements allowing older immigrant people to choose homes which are oriented toward their background and in which they wish to reside.*

Problem: Many older immigrant people are able to function and enjoy a better quality of life if they can have some contact with their native language, familiar customs and cultural habits. When one of these older immigrants is placed in a nursing home, home for the aged, or extended care institution, there is often lack of contact and understanding of the resident's culture. The need for training of staff in such institutions is now recognized.

It is recommended that:

2. *The Ministry of Community and Social Services, along with the Ministry of Culture and Recreation, make courses available to the staff of nursing homes, homes for the aged, or extended care institutions, for training in understanding cultural differences and points of view, and that such educational experiences be passed on to the residents.*
3. *The Ministry of Community and Social Services forward a request to the auxiliaries of these homes and institutions asking them to consider seriously the need to provide interpreters for those persons who are not proficient in English, and that the ministry make training available to such interpreters to gain knowledge of medical terms.*

Problem: Some older immigrant women are unaware of the financial help they may get if they are not eligible for a Canadian pension. If the relationship between the older woman and her sponsors breaks down, she may not know where to turn for help. Language barriers can make the many services available to older women inaccessible.

It is recommended that:

4. *Federal and/or provincial funding be made available through municipalities for distribution to appropriate agencies for interpretation and counselling services to older immigrant women.*

Problem: Customs such as loyalty to family elders may break down, rendering older immigrant women lonely and without family support. Because many of these immigrant women live in their own homes and hope to remain there, they may require home services such as cleaning, repairs, meals-on-wheels, and nursing, as well as home visiting, translation, interpretation and escort services.

It is recommended that:

5. *An Act be created for home support services for seniors and that this Act include such areas as home visitation, translation, interpretation*

and escort services, which are particularly needed by immigrant women.

Problem: Shortages of beds for long-term care for older people still exist. An increasing number of older people are now recovering and experiencing rehabilitation after illnesses which previously meant permanent bed care.

When older people move into senior citizens apartments and homes for the aged, they usually hope that it will be their last move. Lengthy illnesses, however, may result in the loss of their apartment or room. Friends, familiar surroundings and ethnic-oriented housing which contribute greatly to their quality of life are then lost.

It is recommended that:

6. *The provincial Ministries of Housing, Health, and Community and Social Services, along with the Canada Mortgage and Housing Corporation, work together to promote and encourage the expansion and adaptation of existing senior citizen apartment complexes (where desired) and design new ones which would include various levels of care, allowing the resident to remain in or return to the familiar complex, particularly throughout the recuperative period.*

Council Guests

Date	Name	Agency
June 1979	Mr. W. Alan Backley	Deputy Provincial Secretary for Social Development
	Miss Hope Holmested	Past Chairman, Ontario Advisory Council on Senior Citizens
	Mr. Lawrence Crawford	Senior Consultant-Gerontology, Ministry of Community and Social Services
	Mr. Gayle Gammie	Management Board of Cabinet, Operational Review Branch
	Ms Jean Sprately	Addictions Training Assessment Counselling, Belleville
	Mr. Rod Skinkle	Addictions Training Assessment Counselling, Belleville
September 1979	Mr. Elwood Springman	Executive Director Ontario Welfare Council
	Mrs. Barbara Chapman	President, Senior Citizens Centres Association of Ontario
	Mr. Robert Kemp	First Vice-President, SCCA
	Mrs. Fran McHale	Second Vice-President, SCCA
	Mr. Steven Raiken	Policy Development Officer, Planning and Development Unit, Department of Social Services, Metropolitan Toronto
	Mrs. Dorothy Singer	Program Manager, Senior Citizens Adult Services, Ministry of Community and Social Services
	Mrs. Marion Langhorne	Supervisor, Homemakers and Nurses Services Unit, Ministry of Community and Social Services
	Mrs. Corabel Penfold	Executive Director, Canadian Pensioners Concerned Inc. National
November 1979	Mr. Tony Stacey	Chairman, Dominion Command, Royal Canadian Legion
	Mr. Bert Hanmer	Secretary, Dominion Command, Royal Canadian Legion
	Mrs. Gretta Riddell-Dixon	Professor, Ryerson Polytechnical Institute
	Mrs. Belinda Morin	Co-ordinator of Services for the Elderly and Disabled, Metro Social Services Department
	Mrs. Joan Christensen	Policy Development Officer, Planning and Development Unit, Metro Social Services Department
January 1980	Dr. David Tough	President, Superannuated Teachers of Ontario
	Dr. Anthony Fuller	University of Guelph, Rural Development Outreach Project
	Dr. Alex Michalos	Rural Development Outreach Project
	Dr. Linda Wood	Rural Development Outreach Project
	Dr. Anne Martin Matthews	Rural Development Outreach Project

March 1980	Mr. Wilson McCue	Special Projects Consultant, Recreational Services Unit, Ministry of Culture and Recreation
	Mr. Don Payne	Senior Fitness Consultant, Fitness Unit, Ministry of Culture and Recreation
	Dr. Blossom Wigdor	Director, Program on Gerontology, University of Toronto
	Mr. David Cole	Dean, School of Applied Arts, Sheridan College

Mars 1980

M. Wilson MacDug

Conseiller en projets spéciaux, section des
loisirs, ministère des Affaires culturelles et des
Loisirs
Conseiller principal, section de la condition
physique, ministère des Affaires culturelles et
des Loisirs
Directeur, programme de gerontologie,
Université de Toronto
Doyen, école d'arts appliqués, Shendun College

M. Don Payne

Mme Blossom Wigdor

M. David Cole

Invités du Conseil

Date	Nom	Fonction
Juin 1979	M. W. Alan Backley	Sous-secrétaire de la province aux Affaires sociales
Septembre 1979	Mlle Hope Holmested	Ex-présidente, Conseil consultatif de l'Ontario sur l'âge d'or
	M. Lawrence Crawford	Conseiller principal—Gérontologie, ministère des Services sociaux et communautaires
	M. Gayle Gammie	Conseil de section du gouvernement de l'Ontario, Direction des études opérationnelles
	Mme Jean Sprately	Addictions Training Assessment Counselling, Belleville
	M. Rod Skinkle	Addictions Training Assessment Counselling, Belleville
Septembre 1979	M. Elwood Springman	Directeur général, Conseil du bien-être de l'Ontario
	Mme Barbara Chapman	Présidente, Association des centres pour personnes âgées de l'Ontario
	M. Robert Kemp	Premier vice-président, ACPAO
	Mme Fran McHale	Deuxième vice-présidente, ACPAO
	M. Steven Raiken	Agent d'élaboration des politiques, section de planification et de développement, services sociaux de la communauté urbaine de Toronto
	Mme Dorothy Singer	Chef de programme, services aux personnes âgées, ministère des Services sociaux et communautaires
	Mme Marion Langhorne	Superviseur, section des aides familiales et des infirmiers, ministère des Services sociaux et communautaires
	Mme Corabel Pentfold	Directeur général, Canadian Pensioners Concerned Inc. National
	M. Tony Stacey	Président, direction nationale, Légion royale canadienne
	M. Bert Hammer	Secrétaire, direction nationale, Légion royale canadienne
Novembre 1979	Mme Gretta Riddell-Dixon	Professeur, Ryerson Polytechnical Institute
	Mme Belinda Morin	Coordonnatrice des services aux personnes âgées et aux invalides, services sociaux de la communauté urbaine de Toronto
	Mme Joan Christensen	Agent d'élaboration des politiques, section de planification et de développement, services sociaux de la communauté urbaine de Toronto
	M. David Tough	Président, enseignants retraités de l'Ontario
	M. Anthony Fuller	Université de Guelph, programme de développement rural
Janvier 1980	M. Alex Michalos	Programme de développement rural
	Mme Linda Wood	Programme de développement rural
	Mme Anne Martin Matthews	Programme de développement rural

genre de contact et risquent d'être incompris. Il existe donc un réel besoin au niveau de la formation du personnel qui travaillera dans de tels établissements.

Nous recommandons:

2. Que le ministère des Services sociaux et

communautaires, de concert avec le ministère des Affaires culturelles et des Loisirs offrent une formation spécialisée au personnel des maisons de santé, des foyers d'accueil et des cliniques de soins prolongés de façon à ce qu'il comprenne mieux les différents patrimoines culturels des patients, qui bénéficieraient automatiquement de cet acquis.

3. Que le ministère des Services sociaux et communautaires soumette une requête aux institutions concernées leur demandant d'envisager sérieusement la possibilité de fournir un service d'interprétation aux personnes qui ont de la difficulté à s'exprimer en anglais ou en français et que le ministère offre à ces interprètes une formation leur permettant d'acquérir une terminologie médicale suffisante.

Problème: Plusieurs immigrantes âgées ignorent l'aide financière dont elles peuvent bénéficier si elles ne sont pas admissibles à une pension canadienne. Si les rapports qu'elles entretiennent avec leurs parains se détériorent, elles ne savent à qui s'adresser pour obtenir de l'aide. D'autre part, leur ignorance de la langue leur interdit l'accès aux services disponibles.

Nous recommandons:

4. Que des fonds en provenance des gouvernements fédéral et/ou provincial soient mis à la disposition des municipalités, qui, à leur tour, en assureraient la répartition parmi des agences qui offrent des services d'interprétation et d'orientation aux immigrantes âgées.

Problème: Certaines coutumes se perdent, et notamment celle de l'attachement aux aïeux; de ce fait, les immigrantes âgées se sentent souvent seules et délaissées. Etant donné que bon nombre de ces

personnes vivent dans leur maison et veulent y rester aussi longtemps que possible, elles ont souvent besoin d'aide au niveau des travaux ménagers, du bricolage, des repas et des soins médicaux. Elles apprécient également de recevoir des visites à domicile et de bénéficier de services de traduction, d'interprétation et d'escorte.

Nous recommandons:

5. Qu'une loi soit promulguée dans le domaine des services d'aide à domicile pour les personnes du troisième âge. Cette loi devrait inclure des dispositions touchant les visites à domicile, la traduction, l'interprétation et l'escorte, services qui sont particulièrement nécessaires pour les immigrantes âgées.

Problème: Il existe encore une pénurie de lits réservés aux personnes âgées nécessitant des soins prolongés. De plus en plus, les personnes du troisième âge se remettent et se réadaptent suite à des maladies qui, auparavant, les clouaient définitivement au lit.

Lorsque des personnes âgées s'installent dans un foyer d'accueil ou dans des logements locaux spécialisés, elles espèrent en général y rester jusqu'à la fin de leur vie. Toutefois, une maladie prolongée peut entraîner la perte de leur appartement ou de leur chambre, et par le fait même, de leurs amis, d'un environnement qui leur était devenu familier et d'un milieu ethnique qui contribuait grandement à la qualité de leur vie.

Nous recommandons:

6. Que les ministères provinciaux du Logement, de la Santé, des Services sociaux et communautaires et la Société centrale d'hypothèque et de logement unissent leurs efforts afin de promouvoir et d'encourager l'expansion et l'adaptation des logements locaux pour personnes âgées déjà existants (lorsque cela s'avère nécessaire) et qu'ils en construisent de nouveaux ou divers types de soins soient disponibles, ce qui permettrait aux occupants de rester sur place en cas de maladie ou d'y revenir pendant leur convalescence.

Rapport du groupe de travail mixte sur les immigrantes

Depuis déjà longtemps, on reconnaît que l'adaptation à la vie canadienne entraîne des problèmes particuliers pour les immigrantes. La femme canadienne peut avoir du mal à réconcilier les rôles parfois contradictoires de maîtresse de maison, de mère et de travailleuse. La femme immigrante, de son côté, doit faire face aux mêmes difficultés auxquelles s'ajoutent en plus l'apprentissage d'une nouvelle langue, l'adaptation à une culture différente de la sienne et des conditions de vie souvent pénibles, étant donné que sa rémunération et celle de son mari sont souvent inadéquates.

Il existe donc une sensibilisation à ces problèmes, et certains organismes travaillent déjà pour venir en aide aux immigrantes; mais il reste encore beaucoup à faire pour trouver des solutions claires qui réduiraient le fardeau de ces femmes et favoriseraient leur intégration à la société canadienne. Un groupe de travail a donc été mis sur pied pour effectuer une enquête dans ce domaine. Il a été constitué de représentants du Conseil consultatif ontarien sur le statut de la femme, du Conseil consultatif ontarien sur le multiculturelisme et du Conseil consultatif de l'Ontario sur l'âge d'or. L'objectif du groupe de travail mixte était de faire une enquête qui l'amènerait à formuler certaines recommandations auprès du gouvernement de l'Ontario quant à la façon d'améliorer les services offerts aux immigrantes et les conditions dans lesquelles elles vivent. Le présent rapport est basé sur l'expérience des trois conseils dont il émane, sur les réponses aux questionnaires et interviews et sur les renseignements contenus dans les 15 rapports cités dans la bibliographie. Voici les secteurs où semblent se concentrer les problèmes les plus importants:

L'emploi—exploitation sur le marché du travail, mauvaises conditions de travail, manque de formation, ignorance de leurs droits, absence de statut professionnel, ghettos au niveau de l'emploi, expérience de travail au Canada.

Garderles—absence de garderies, difficultés d'accès aux garderies, coût élevé.

Personnes âgées—accès limité aux services disponibles pour les immigrantes plus âgées, incapacité de s'exprimer dans la langue du pays, maisons de retraite, exploitation par la famille.

Education—absence de sensibilisation aux besoins des immigrants.

Orientation—solitude des femmes, rejet culturel du travail des femmes, planification des naissances, manque de connaissances linguistiques dans les

organismes de services à la famille, problèmes posés par la nécessité d'avoir résidé trois ans dans le pays, absence de soutien de la part de la famille, problèmes matrimoniaux, problèmes de parraïnage, troubles psychiques.

Recommandations au gouvernement canadien en matière de politiques s'appliquant aux immigrantes

Le groupe de travail a formulé des recommandations par catégories de problèmes. Ces recommandations tiennent compte des structures organisationnelles déjà existantes de façon à minimiser les dépenses supplémentaires. Nous recommandons l'ampleur des problèmes actuels et les efforts déjà entrepris par plusieurs organismes gouvernementaux pour les résoudre. Nos recommandations s'inscrivent dans la poursuite de cet engagement et visent à réduire les problèmes qui subsistent.

Voici les recommandations concernant les citoyens du troisième âge.

Problème: Les immigrants âgés préfèrent souvent être placés dans des foyers d'accueil où l'on parle leur langue et où l'on respecte leurs coutumes et habitudes culturelles. De tels foyers ethnoculturels existent déjà en Ontario mais ne sont pas forcément à la portée de tous les immigrants du troisième âge car, souvent, les municipalités qui les subventionnent en limitent l'accès aux personnes ayant vécu dans la ville où ils sont situés pour une période d'un an avant leur demande d'admission. Nous recommandons:

1. *Qu'un comité soit mis sur pied par le ministère du Logement, le ministère des Affaires gouvernementales, le ministère des Services sociaux et communautaires et l'Association des maires et municipalités afin d'établir les lignes directrices d'ententes réciproques entre les municipalités permettant aux immigrants âgés de choisir le foyer d'accueil qui correspond le mieux à leurs antécédents culturels.*

Problème: Bon nombre d'immigrants âgés fonctionnent mieux et profitent davantage de la vie lorsqu'ils gardent un contact avec leur langue maternelle, leurs coutumes ancestrales et leurs habitudes culturelles. Lorsqu'ils se retrouvent seuls dans une maison de santé, une clinique de soins prolongés ou un foyer d'accueil, ils sont privés de ce

Le Conseil consultatif de l'Ontario sur l'âge d'or a été créé en avril 1974. Rapidement, le Conseil s'est rendu compte qu'il lui fallait trouver une méthode de communication avec les personnes âgées. Les retraités de l'Ontario devaient être avisés des programmes du Conseil et des résultats obtenus. De plus, pour être réellement efficaces, les membres du Conseil devaient connaître l'opinion des personnes âgées sur les divers facteurs qui influencent sur leur vie.

Le premier numéro du bulletin intitulé *Especially for Seniors* est paru en juin 1975. Ce tabloïd de huit pages, imprimé en gros caractères, est publié tous les trois mois et envoyé gratuitement à tous les résidents de l'Ontario âgés d'au moins 65 ans qui reçoivent une pension du gouvernement.

L'article de tête est imprimé dans les deux langues officielles, tandis que le reste du bulletin porte sur des programmes intéressants, les nouvelles lois relatives aux personnes âgées ou des programmes présentant un intérêt particulier pour le troisième âge. Par ailleurs, nous nous servons souvent de lettres de nos lecteurs pour diverses sections du bulletin: réussites personnelles, recettes de cuisine, poésie, lettres intéressantes, critiques de livres et suggestions de voyage. De temps en temps, le Conseil envoie des questionnaires pour sonder l'opinion et évaluer les conditions de vie particulières des personnes âgées. Qu'elles soient élogieuses ou critiques, les lettres de nos lecteurs reçoivent toute l'attention voulue. Nous pouvons répondre directement à la plupart de ces lettres, mais, dans les cas où la lettre intéresse un autre organisme ou ministère, nous la transmettons à la section dudit organisme ou ministère qui est en mesure d'offrir les renseignements ou l'aide

nécessaires. De cette façon, nous avons pu établir de bonnes relations avec un grand nombre de personnes ayant l'habitude de travailler auprès du troisième âge. Nous recevons toute l'année des demandes d'insertion d'annonces publicitaires, de recherche de correspondants et d'annonces personnelles, bien que les intéressés aient davantage intérêt à s'adresser à des bulletins ou à des quotidiens ayant une grande diffusion dans leur localité. Le bulletin *Especially for Seniors* ne convient surtout pas pour annoncer ou publier des événements d'actualité, en raison des délais de parution. Sa raison d'être a toujours été de promouvoir des idées, de soutenir des programmes à caractère progressiste et d'encourager les personnes âgées à penser et à agir par elles-mêmes.

La substance de notre correspondance a changé au cours des quatre années d'existence du bulletin. Les demandes d'action militante ont cédé la place à des lettres suggérant des efforts partagés et concertés. À ce propos, la personne âgée d'aujourd'hui démontre qu'elle a pleinement conscience de la valeur de son passé et de son expérience ainsi que de ses responsabilités envers elle-même et envers les autres. Le Conseil tire une grande fierté du fait qu'il reçoit des lettres non seulement des retraités de la province mais de retraités des différentes parties du globe, qui lui demandent des conseils sur les divers aspects de la vie d'aujourd'hui. Avec l'accession à l'âge de la retraite d'un nombre de plus en plus grand d'hommes et de femmes, nous espérons que notre bulletin *Especially for Seniors* aidera à canaliser les réflexions et les efforts de toutes les personnes âgées en vue de parvenir à un solide esprit communautaire.

chargé par le personnel du foyer qui vient les chercher pour leur faire prendre au foyer leurs repas et leurs médicaments. Les responsables espèrent qu'après avoir vécu dans un appartement avec ce genre de soins pendant quelque temps, les résidents auront suffisamment regagné confiance en eux-mêmes pour aller vivre de façon indépendante dans leur propre domicile.

Le troisième point soulevé par le Conseil concernait les points accordés, sur la formule de demande elle-même, aux revenus mensuels. La Société de logement de l'Ontario a convenu que les plafonds de \$501 pour les célibataires et de \$601 pour les couples étaient à présent trop bas. Dans la formule révisée, ces chiffres—qui accordent zéro point aux postulants—ont respectivement été portés à \$700 et \$1 200 et l'échelle de points accordés aux niveaux inférieurs de revenus a été rectifiée en conséquence.

Rapport Through the Eyes of Others

Le Conseil consultatif de l'Ontario sur l'âge d'or a reçu plus de 1 000 réponses de personnes âgées au bulletin pour en savoir davantage sur les expériences des personnes âgées en Ontario et sur leur attitude face à la vieillesse. Les réponses ont mis en lumière un individualisme très marqué et une grande diversité de cas . . . ce qui suggère que "pour être efficaces, les services de soutien offerts doivent être variés et souples et offrir diverses options aux personnes auxquelles ils s'adressent". Les personnes âgées semblaient également reprocher à leur collectivité de penser "qu'elles étaient une charge pour la communauté"; d'autres cependant estimaient que "la communauté devait assumer plus de responsabilités envers les personnes du troisième âge".

Pour ce qui est des revenus, bon nombre de personnes âgées sont inquiètes, car leur pension n'a pas suivi la même progression que l'inflation, et elles en veulent à la fois aux jeunes, qui semblent gâtés au détriment des vieux, et à certaines personnes de leur âge qui reçoivent un revenu supplémentaire du gouvernement parce qu'elles n'ont pas planifié ou économisé durant leur vie active. Ce sont surtout les personnes qui ont économisé mais qui ne sont pas suffisamment pauvres pour bénéficier des avantages

accordés aux économiquement faibles qui se sentent le plus pénalisées. D'autres pensent que l'aide financière devrait être accordée en fonction des besoins et non de l'âge. Bon nombre de personnes âgées se sont dites insatisfaites des manières brusques et de l'indifférence des médecins et des infirmières à l'égard des personnes âgées. Elles trouvent également difficile de suivre un programme médical préventif, car il coûte trop cher de se déplacer pour aller aux cliniques ou aux cabinets des médecins. Par conséquent, ces personnes ne demandent de l'aide qu'en cas de nécessité absolue. Les revenus des personnes âgées sont également insuffisants pour leur permettre de se faire soigner par des dentistes et des oculistes. Par ailleurs, la podiatrie, l'ostéopathie, la psychiatrie et les soins à domicile sont des services difficiles à trouver ou trop chers pour la plupart des personnes âgées. En outre, beaucoup se sont fait les porte-parole d'amis ou de parents admis dans des établissements pour dénoncer la piètre qualité des soins qui y sont dispensés.

Les personnes âgées se plaignent du personnel chargé de dispenser des soins; beaucoup sont très jeunes et semblent placer les questions théoriques avant les besoins individuels des personnes âgées qu'ils traitent. Par contre, "les bénévoles sont tenus en haute estime par les personnes âgées. Ils semblent offrir le genre de services et de soins personnalisés et chaleureux qui touchent directement la personne âgée."

Bon nombre de personnes ont insisté sur l'importance de rester actif, d'acquiescer de nouvelles connaissances et d'apporter une contribution à la société. Certaines personnes âgées se sont cependant dites préoccupées par l'aspect financier sous-jacent au fait de rester actif.

Les intéressés ont exprimé avec force leur désir de rester indépendants en continuant à vivre dans une maison de leur choix. Il faut comprendre par là que les personnes âgées désirent avoir plusieurs options sur le plan du logement et souhaitent disposer des moyens financiers nécessaires à cette liberté de choix. Bon nombre de personnes âgées craignent de n'être pas capables de s'occuper de l'entretien de leur maison et de la conserver.

À partir des réponses au questionnaire, le Conseil consultatif de l'Ontario sur l'âge d'or a fait des recommandations au gouvernement.

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gouvernement de l'Ontario pour aider les personnes âgées à rester dans leur foyer et pour réintégrer dans la collectivité, dans la mesure du possible, les personnes âgées sortant d'établissements, le Conseil pense qu'un certain nombre de logements devrait être réservé aux personnes sortant d'établissements. Cette préoccupation est à la base d'un effort considérable du Conseil et des autres organismes s'occupant de personnes âgées pour souligner l'importance du placement et de la coordination pour les personnes âgées. En bref, le Conseil estime indispensable que la Société de logement de l'Ontario collabore avec les établissements et les organismes de services communautaires en vue de devenir l'un des maillons de la chaîne complète des soins en Ontario. Ainsi, il serait logique que la Société de logement de l'Ontario ajoute des catégories dans sa formule d'admission ou d'établissement, dans le processus d'étude des dossiers, des clauses qui permettent d'admettre les personnes âgées sortant d'établissements.

Dans sa réponse écrite à l'exposé de vues reproduit ci-dessus, M. Claude Benneft, ministre du Logement, a clarifié les trois principales questions soulevées par le Conseil. En ce qui a trait à la première recommandation, à savoir accorder plus d'importance à l'état de santé et aux besoins sociaux des postulants, la Société de logement de l'Ontario va introduire des changements importants dans ses conditions d'admission. Le Conseil est heureux d'apprendre qu'en fait toutes les personnes âgées pourront, quels que soient leurs moyens, faire une demande d'admission. Le système d'attribution des points continuera à tenir compte du revenu et des biens des postulants de façon à accorder la priorité aux plus nécessiteux, mais les commissions locales de logement seront autorisées à mettre jusqu'à 15% des logements à la disposition des personnes ayant besoin d'aide pour d'autres raisons qu'une insuffisance de revenus. De plus, pour s'en tenir au principe de l'établissement du loyer en fonction des possibilités financières de chacun, un montant supplémentaire, calculé d'après la valeur des biens du locataire qui n'engendrent pas de revenus, sera ajouté au loyer normal mensuel établi d'après les revenus divers du locataire. Un plafond, égal au prix du marché pour des logements similaires dans la même zone, sera toutefois imposé pour éviter les loyers excessifs. En réponse à la deuxième préoccupation selon laquelle le système d'attribution de points gênait la réintégration des personnes après des périodes de soins intensifs, le ministre a expliqué que le programme de logement avait été conçu au départ pour des personnes totalement indépendantes, capables de faire face à tous les aspects de la vie quotidienne. À l'heure actuelle, la Société de logement de l'Ontario réalise néanmoins une expérience pilote dans une collectivité en collaboration avec un foyer pour personnes âgées de la localité. Un comité mixte meuble et équipe des logements à l'intention de quelques résidents du foyer pour personnes âgées. Dans le cadre d'un programme *Outreach*, ces résidents sont pris en

régne dans les immeubles pour personnes âgées." De plus, le Conseil pense que le système actuel d'admission exclut beaucoup de personnes âgées disposant pourtant de certains talents utiles. Pour ces raisons, le Conseil appuie pleinement les vues du ministre et recommande la révision du système d'attribution de points pour les admissions. Le système actuel de points a créé une situation difficile et indésirable, car il empêche de nombreuses personnes âgées, pourtant dans le besoin, de vivre dans des logements pour personnes âgées. Le Conseil prétend que le système de points utilisé par la Société de logement de l'Ontario empêche certaines personnes de se réadapter à la vie communautaire après des soins intensifs, alors qu'elles n'ont plus besoin de recevoir que des soins légers. Outre qu'ils aident financièrement les personnes âgées, les établissements hospitaliers et sociaux ont, d'après le Conseil, un rôle à jouer dans la rééducation et, si possible, dans la réintégration du résident dans la collectivité. Si le système de points exclut une personne à cause de ses limites physiques, la personne se voit forcée de demeurer dans un établissement de soins, quels que soient ses progrès. Il en résulte fréquemment une détérioration graduelle de son état de santé et une augmentation des coûts en raison de l'évolution des soins toujours plus intensifs. C'est pourquoi le Conseil suggère que l'on facilite la réintégration des personnes âgées ayant reçu des soins intensifs en leur donnant accès à des logements subventionnés, et ce en raison de l'importance pour ces personnes de rester au sein de la collectivité le plus longtemps possible. Nous avons étudié la formule d'admission de la Société de logement de l'Ontario pour les personnes âgées et nous pensons qu'elle nécessite des révisions. De plus, nous avons cru comprendre qu'une nouvelle formule était en cours de rédaction et que son introduction rapide aiderait à corriger cette situation. En ce qui a trait à la nouvelle formule, le Conseil recommande qu'il soit tenu compte des éléments suivants:

- a) Les limites de revenus définies dans la formule actuelle d'admission n'accordent aucun point à une personne seule vivant avec un revenu mensuel de \$501 ou plus ou à un couple ayant un revenu de \$601 ou plus. Le Conseil a pleinement conscience que, pour les personnes ayant des revenus inférieurs à ces limites, les logements subventionnés deviennent une nécessité. Par conséquent, et notamment si l'on tient compte du fait que le revenu minimum garanti par mois en Ontario pour un couple âgé est à présent de \$722,12, le Conseil affirme que les plafonds actuels de revenu sont trop bas. De plus, comme le confirment les paroles mêmes du ministre, les personnes qui ont su faire des économies devraient, de l'avis du Conseil, avoir une chance d'être admises dans les cas où il y a un besoin évident.
- b) Le Conseil pense que la formule proposée, qui accorde normalement des points aux personnes dont les conditions de logement sont mauvaises ou inadéquates, tend à désavantager indirectement les personnes vivant dans des établissements. Etant donné les initiatives prises actuellement par le

Depuis la présentation de la recommandation, la collectivité prête de plus en plus attention à l'exploitation des maisons de retraite, des maisons de repos, etc. Le Conseil désire donc réaffirmer sa recommandation initiale et demander aux autorités compétentes du gouvernement de l'Ontario de prendre *immédiatement les mesures qui s'imposent* pour remédier à la situation.

Si nous croyons fermement qu'il faut laisser aux personnes âgées la possibilité de définir leur propre mode de vie, y compris de pouvoir choisir leur logement (comme nous l'avons énoncé dans notre recommandation), nous avons par ailleurs conscience que le gouvernement doit par ses lois protéger les personnes âgées qui n'ont d'autre choix que de vivre dans des établissements "ne prodiguant que peu ou pas de soins du tout".

Au cours des dernières années, les établissements réglementés, les foyers pour personnes âgées et les maisons de repos ont subi des changements. Ces établissements offrent plus de soins prolongés et s'occupent davantage du traitement des maladies chroniques qu'auparavant, s'écartant de leur mandat initial sur le plan des services. On voit ainsi de plus en plus de personnes âgées, n'ayant besoin que de soins minimes, obligées de demander leur admission dans des maisons sans permis.

Le Conseil sait bien que les municipalités sont responsables de l'octroi des permis aux pensions, mais le permis ne porte que sur les normes matérielles des installations: zonage, consignes en cas d'incendie, etc. Récemment, le gouvernement de l'Ontario a suggéré aux municipalités de promouvoir des arrêtés sur la réglementation des pensions (article 352-(77) de la loi sur les municipalités) de façon que les personnes logeant dans ces pensions soient assurées de vivre dans un cadre qui respecte les normes de base en matière de santé, de protection contre les incendies et de sécurité.

Nous remercions sincèrement Mme Margaret Birch de ses efforts pour encourager les municipalités à réviser leurs règlements et à mieux réglementer les conditions d'exploitation de ces établissements, tout en leur laissant une certaine souplesse. Nous nous inquiétons cependant du manque d'uniformité qui risque de se faire jour entre les municipalités, notamment dans les petites municipalités qui manquent souvent des fonds et du personnel nécessaires. Nous sommes fermement convaincus que le gouvernement provincial devrait réexaminer ses responsabilités à l'égard des personnes âgées de cette catégorie. Le gouvernement dispose d'une loi régissant les foyers pour personnes âgées et les maisons de repos, mais il faut en étendre le champ d'application de façon qu'elle englobe les établissements de "soins minimaux". Cette loi permettrait d'offrir une gamme complète de soins aux personnes âgées et d'établir une interaction entre les diverses composantes des modes de vie choisis.

Nous ferions preuve de négligence si nous manquions de souligner qu'au moment de l'établissement de ladite loi il faudrait de nouveau s'efforcer de confier l'application de la loi sur les établissements de soins prolongés à un seul ministère afin d'éliminer la confusion qui règne actuellement entre le ministère de la Santé et le ministère des Services sociaux et communautaires. Le Conseil

consultatif de l'Ontario sur l'âge d'or a déjà recommandé que cette responsabilité soit confiée au ministère des Services sociaux et communautaires. Le Conseil aimerait également louer et soutenir les efforts déployés par le gouvernement pour inciter les municipalités à réviser leurs plans officiels et leurs règlements de zonage en vue de laisser une plus grande souplesse à l'établissement de foyers de groupe pour personnes âgées. Nous pensons, que cela facilitera l'intégration des personnes âgées dans la collectivité.

Nous pensons que les besoins des personnes âgées qui vivent dans des pensions, des maisons de repos et des maisons de retraite constituent un problème important pour la collectivité, et nous prions instamment le gouvernement d'étudier la situation. La réponse aux recommandations ci-dessus, reçue le 17 janvier 1980, nous apprenait que le gouvernement avait débattu ces questions en un certain nombre de façons, mais la responsabilité de la réglementation des maisons de retraite demeure à l'échelon local. La réponse précisait également qu'une telle approche suscitait l'intérêt des membres de la collectivité pour le sujet, permettait l'établissement de normes et de méthodes conformes aux besoins locaux et aidait à assurer le droit des individus de prendre leurs propres décisions et de faire leur choix. L'approche communautaire permet également de tenir compte du fait que bon nombre de pensions ont des pensionnaires d'âge et de milieu socio-culturel différents. Cet état de chose rend difficiles la rédaction et la mise en application d'une loi relative à un groupe particulier comme les personnes âgées. Le gouvernement a cependant promis de suivre de près le dossier des maisons de retraite et d'informer le Conseil de tout élément nouveau sur la question.

Système de points limitant l'admissibilité dans les immeubles de la Société de logement de l'Ontario

Le Conseil consultatif de l'Ontario sur l'âge d'or se préoccupe depuis maintenant un certain temps des méthodes d'admission dans les logements mis par la Société de logement de l'Ontario à la disposition des personnes âgées. Bien que le Conseil ne s'oppose pas à l'idée que le loyer soit établi en fonction des possibilités de chacun, il pense que, dans certains cas, il faudrait accorder plus de poids aux besoins sociaux et à l'état de santé de l'intéressé qu'on ne le fait présentement. Cette attitude a récemment reçu l'appui de M. Claude Bennett, ministre du Logement, qui déclarait devant les membres de l'Association des commissions locales de logement de l'Ontario, au cours de leur conférence annuelle tenue à Sudbury en novembre 1979: "Il semble injuste de priver les personnes qui ont su réaliser des économies et faire fructifier leurs épargnes des avantages offerts par les programmes gouvernementaux. En effet, ces personnes sont peut-être dans certains cas incapables d'assurer l'entretien de leur maison et peuvent désirer partager l'esprit de camaraderie qui

Loi réglementant la création et l'exploitation des maisons de retraite

Le 18 décembre 1979, le Conseil consultatif de l'Ontario sur l'âge d'or a soumis au gouvernement de l'Ontario la recommandation ci-dessous à propos de la loi visant à contrôler la création et l'exploitation des maisons de retraite (première présentation le 7 avril 1978).

Le Conseil consultatif de l'Ontario sur l'âge d'or s'inquiète sérieusement de l'absence de contrôle des établissements privés accueillant des personnes âgées sous les divers noms "maison de retraite", "maison de repos", "foyer de groupe", etc.

Nous pensons sincèrement que nous devons poursuivre nos efforts dans le but d'améliorer les conditions de vie des personnes âgées, et nous croyons aussi que les personnes âgées ont le droit de choisir leur propre mode de vie, y compris leur logement.

Malheureusement, certains anciens établissements, tout comme certains nouveaux, appartiennent à des catégories qui échappent à tout contrôle gouvernemental, que ce soit à l'échelon municipal ou provincial.

PAR CONSÉQUENT, LE CONSEIL CONSULTATIF DE L'ONTARIO SUR L'ÂGE D'OR RECOMMANDE QUE:

Le gouvernement de l'Ontario, par l'intermédiaire des autorités responsables, fasse immédiatement entrer en vigueur une loi réglementant la création et l'exploitation des établissements pour personnes âgées, qu'il s'agisse de pensions, de maisons de retraite, de foyers de groupe, etc.

Réponse du Conseil au questionnaire intitulé Community Dialogue on Home Support Services

Le 25 mars 1980, le président du Conseil remettait au ministre ontarien des Services sociaux et communautaires la réponse du Conseil au questionnaire sur les services d'aide familiale. Le Conseil félicite le gouvernement pour la stratégie adoptée: ce dernier a en effet choisi d'utiliser diverses méthodes de consultation pour mettre au point sa politique en matière de services communautaires de soutien. Ainsi, le gouvernement a entrepris des discussions internes et a engagé le dialogue avec les collectivités et les consommateurs. Nous sommes heureux d'avoir été invités à participer à ce dialogue et à présenter notre position et nos vues dans les domaines explorés par le questionnaire. Depuis sa création, le Conseil a toujours encouragé le développement des services communautaires de soutien comme en témoignent les recommandations ci-dessous extraites du rapport annuel 1978-1979 du Conseil et demandant:

Au gouvernement provincial, de considérer comme prioritaire le développement de services communautaires de soutien;

Par suite de la diversité des besoins des diverses collectivités, de concevoir des formules de financement souples pour les services communautaires de soutien;

Par suite de la demande croissante de services communautaires de soutien, d'encourager et d'aider le secteur du bénévolat;

Au Conseil consultatif de l'Ontario sur l'âge d'or, en collaboration avec les ministères compétents, de rédiger et de distribuer un Guide de développement des services communautaires de soutien pour contribuer à promouvoir ce concept;

Afin de faciliter la coordination et le financement des services communautaires de soutien, au gouvernement de l'Ontario d'élaborer une législation complète sur les services d'aide familiale.

De plus, le Conseil a indiqué à maintes reprises qu'il fallait améliorer la coordination et la collaboration des services relevant actuellement de divers ministères et organismes tels que les ministères de la Santé, des Services sociaux et communautaires, du Logement, les municipalités, et les commissions locales de logement, etc., en vue de parvenir à offrir aux intéressés une gamme complète de soins dans la province.

Pour pouvoir développer les services communautaires de soutien, il est absolument indispensable de définir clairement les services au préalable et d'y intégrer des services personnels

Le rapport du groupe de travail sur la loi sur les centres pour personnes âgées constitue une étape importante. Sa mise en application va, de l'avis du Conseil, marquer un réel progrès vers l'établissement d'une gamme complète de soins et de services pour les personnes âgées.

Accès à l'enseignement pour les personnes âgées en Ontario

Le Conseil consultatif de l'Ontario sur l'âge d'or cherche depuis déjà un certain temps à promouvoir et à faciliter l'accès à l'enseignement aux personnes âgées. Le gouvernement de l'Ontario s'est montré attentif à ces préoccupations en réduisant ou en éliminant les frais de scolarité pour les personnes âgées qui désirent suivre des cours dans des établissements d'enseignement postsecondaire. Cette politique a de toute évidence encouragé de nombreuses personnes âgées à suivre les programmes d'établissements d'enseignement postsecondaire.

Le Conseil pense toutefois que beaucoup de personnes âgées hésitent encore à entrer dans le système d'enseignement normal. Par contre, les programmes d'enseignement conçus spécialement pour les personnes âgées connaissent un grand succès. En plus de leur contenu éducatif, ces programmes offrent des avantages importants sur le plan économique et social ainsi que sur celui de la santé. Le Conseil a par conséquent rédigé un exposé de vues dans lequel il décrit trois exemples de cours spécialement conçus pour les personnes âgées. Bien qu'utilisant des méthodes différentes, ces programmes s'articulent autour d'un thème commun.

C'est pourquoi le Conseil a recommandé la ligne d'action suivante, qu'il a soumise, ainsi que l'exposé de vues, à Mme Margaret Birch:

IL SERAIT BON QUE LE RAPPORT INTITULÉ EDUCATIONAL OPPORTUNITIES FOR SENIOR CITIZENS IN ONTARIO SOIT DISTRIBUÉ AUX UNIVERSITÉS, AUX COLLÈGES COMMUNAUTAIRES ET AUX INTERNATS PRIVÉS DE L'ONTARIO AFIN D'ENCOURAGER L'ÉTABLISSEMENT DANS UN CONTEXTE CANADIEN DE PROGRAMMES SIMILAIRES POUR LES PERSONNES ÂGÉES.

Le rapport révèle que les personnes âgées en Ontario participent de plus en plus à des activités à caractère éducatif. La mise de l'avant du concept "On apprend toute sa vie" a été couronnée de succès, comme en témoigne la création de nombreux cours d'éducation permanente dans le système d'enseignement de l'Ontario. Il est particulièrement intéressant de constater que l'âge moyen des participants a augmenté, ce qui va à l'encontre de l'opinion traditionnelle selon laquelle l'éducation était le privilège exclusif de la jeunesse. Que signifie ce phénomène pour les personnes âgées et plus particulièrement pour les retraités qui disposent tout d'un coup de beaucoup de temps libre? Le mot éducation a bien changé de sens au cours des dix dernières années. On ne perçoit plus

l'éducation comme un système traditionnel et officiel d'acquisition des connaissances. Elle est devenue, quoiqu'en disent les critiques, d'application plus universelle, et présente des aspects très attirants. La personne qui n'a pas pu terminer ses études peut à présent le faire au cours de sa vie d'adulte. Le bricoleur ou la personne qui désire acquérir de nouvelles techniques ou connaissances a le choix entre toute une gamme de cours offerts dans des cadres d'enseignement les plus divers. De plus, pour inciter les personnes âgées à suivre ces cours, le gouvernement a diminué et, dans certains cas, éliminé complètement les frais de scolarité.

Le Conseil consultatif de l'Ontario sur l'âge d'or interprète ces signes comme l'indication de la place de plus en plus grande qui est faite à l'éducation pour les personnes âgées dans le système d'enseignement. À ce propos, il pense que l'accès des personnes âgées à l'enseignement va continuer à s'élargir grâce à la mise au point de programmes conçus spécialement pour elles. Ces programmes présentent, par ailleurs, des avantages supplémentaires sur le plan économique et sur celui des rapports entre générations. L'exposé de vues peut se résumer ainsi: L'accès à l'enseignement pour les personnes âgées s'est considérablement amélioré en Ontario au cours des dernières années, notamment dans les établissements d'enseignement postsecondaire. Les programmes pour personnes âgées tels que *Elderhostel*, le Troisième Âge Université et *Third Age Learning Associates* sont des exemples de programmes d'enseignement destinés au troisième âge qui offrent des avantages spéciaux:

- a) Le modèle *Elderhostel* offre non seulement une expérience d'apprentissage, mais permet aux participants de voyager.
- b) Le programme Troisième Âge Université insiste sur la "santé" des participants et a contribué de façon marquée à l'amélioration de la santé physique et mentale des personnes âgées qui y ont participé.
- c) Le *Third Age Learning Associates* est un centre gratuit d'information qui fournit également des conseils sur la façon d'organiser un groupe d'apprentissage du troisième âge, de concevoir des programmes et d'en faire la publicité auprès des membres du troisième âge.

Les cours des établissements d'enseignement postsecondaire se donnent surtout en automne et en hiver. L'utilisation de ces établissements par des personnes âgées durant la période creuse en été serait intéressante tant pour l'école que pour les personnes âgées. Des programmes semblables aux précédents en pourraient offrir certains avantages économiques en permettant aux écoles d'encasser des frais de scolarité supplémentaires et en fournissant des possibilités d'emploi aux enseignants. La participation des personnes âgées au système d'enseignement permet de développer les contacts entre générations et ne peut donc qu'être bénéfique aux jeunes. L'introduction de programmes spécialement conçus pour les personnes âgées semble une étape

Exposé de vues sur le rapport final du groupe de travail du gouvernement provincial et de la communauté urbaine de Toronto sur la loi sur les centres pour personnes âgées.

Le 23 octobre 1979, le Conseil a fait part à Mme Margaret Birch de ses recommandations et vues au sujet du rapport final du groupe de travail sur la loi sur les centres pour personnes âgées.

Le rapport du groupe de travail contenait une analyse en profondeur de la loi ainsi que de ses multiples répercussions sur l'exploitation des centres et recommandait un certain nombre de changements. Le groupe de travail a étudié les questions et problèmes de base suivants:

- a) Nécessité d'une législation mieux adaptée et d'un financement convenable pour certains services d'aide familiale aux personnes âgées;
- b) Effets négatifs du plafond de \$15 000 qui limite la contribution provinciale aux budgets d'exploitation des centres agréés pour personnes âgées;
- c) Absence d'un cadre juridique et de normes légales pour les services d'assistance sociale (centres sociaux) pour personnes âgées.

Ces questions constituaient aux yeux du groupe les principales failles de la loi sur les centres pour personnes âgées. À cause du manque de coordination globale et des difficultés de financement, les centres pour personnes âgées continuent à fonctionner dans des conditions très insatisfaisantes. Le groupe de travail estime que les centres pour personnes âgées devraient non seulement offrir une vaste gamme de services et de loisirs, mais également assurer un système complet de services sociaux pour le troisième âge.

Le Conseil consultatif de l'Ontario sur l'âge d'or a reçu le rapport final du groupe de travail en juillet 1979. À sa réunion de septembre, ses membres ont discuté et étudié en détail avec des représentants du groupe de travail les recommandations du rapport. À la suite de ces discussions et d'autres discussions auxquelles prit part le bureau du Conseil, les membres ont adopté les positions suivantes:

Il faut supprimer le plafond qui limite à \$15 000 la contribution provinciale annuelle aux centres pour personnes âgées et subventionner à 50% les budgets d'exploitation des centres pour personnes âgées. Il faut maintenir les services des centres pour personnes âgées actuellement financés en vertu de la loi sur les services d'infirmeries et d'aides familiales et

affecter des fonds supplémentaires à de nouveaux services d'aide familiale. Il pourrait s'agir de petites réparations à domicile, de réconfort au téléphone, de menus travaux domestiques et de visites amicales. Il faut modifier l'entente de partage des coûts des services de soutien communautaire et établir respectivement à 80% et 20% la contribution provinciale et celle des municipalités et des bénévoles. Cette nouvelle répartition aurait les effets suivants:

- a) Les municipalités pourraient bénéficier d'une grande souplesse de financement et donc offrir des services communautaires variés adaptés aux besoins de leur collectivité;
- b) Les bénévoles pourraient apporter les fonds nécessaires au maintien des services de soutien communautaire et à la création de nouveaux services;
- c) Les centres pour personnes âgées pourraient s'orienter vers la polyvalence;
- d) Une meilleure planification à long terme permettrait de mieux répondre aux besoins des personnes âgées ayant besoin d'aide;
- e) Il serait possible d'accroître l'aide et les services offerts dans les régions rurales et éloignées.

Le gouvernement de l'Ontario devrait créer une loi sur les services d'aide familiale en vue de régir tous les services d'assistance et de soutien offerts par les collectivités et les organismes d'aide bénévole en fonction du revenu. Cette loi prévoyait les fonds nécessaires pour créer ou maintenir des services pour fournir aux collectivités la souplesse nécessaire pour établir leurs priorités en fonction de leurs besoins propres. La formule de partage des coûts en vertu de la loi devrait fixer les contributions à 80% pour les gouvernements provinciaux et à 20% pour les municipalités et les organismes d'aide bénévole. Le Conseil recommande au gouvernement de recueillir les commentaires de grandes et de petites localités de la province avant de mettre en application les recommandations du groupe de travail.

Le Conseil a conscience de la complexité de la planification des services pour les futures générations de personnes âgées en Ontario. Les membres du Conseil restent cependant convaincus que des changements doivent être apportés si l'on veut éviter une situation de crise et l'adoption de ces solutions à la va-vite qui ont trop souvent caractérisé la planification des services aux personnes âgées dans le passé. La hardiesse ne peut se substituer à une planification rationnelle; par contre, une planification fondée sur l'expérience peut fournir les bases d'un système fonctionnel et réaliste de services pour les personnes âgées. Il est particulièrement important que le système reconnaisse le rôle essentiel joué par les bénévoles dans les services de soutien communautaire, et à cet égard il est nécessaire de trouver de nouveaux stimulants pour encourager leur participation.

d'apprentissage pour les médecins de famille désirant de soins médicaux. Soixante pour cent des 223 lits sont occupés par des malades porteurs d'affections de longue durée.

Le foyer Rideaucrest pour personnes âgées a rappelé que, malgré tous ses efforts pour fournir la meilleure qualité de vie possible à ses résidents, il faudrait absolument envisager des changements afin de tenir compte des soins de plus en plus importants dont avaient besoin de nombreuses personnes âgées.

Un groupe de coordonnateurs de soins permanents de la région de Kingston a rencontré les membres du Conseil pour discuter des difficultés qu'il éprouvait à offrir les soins permanents nécessaires par certaines personnes âgées, surtout sur le plan de l'évaluation des besoins et de leur intégration au programme.

Une discussion en soirée avec des membres de la faculté de médecine de l'Université Queen's a permis d'aborder librement de nombreux problèmes d'intérêt mutuel, y compris le thème "Mourir avec dignité".

Le collège McArthur de la faculté d'éducation de l'Université Queen's nous a donné l'occasion de discuter de la mise en place dans les écoles de programmes sur les relations entre les générations et de la sensibilisation des enseignants à l'utilité d'introduire des personnes âgées dans les classes.

Les programmes lancés à Kingston ont déjà donné des résultats positifs.

La maison de repos Carveth à Gananoque a fait l'objet de notre dernière visite: les membres du Conseil y ont découvert un foyer moderne, bien équipé et très confortable pour les personnes âgées. On y a discuté des problèmes de financement et d'exploitation, ainsi que du rôle que joue cette maison dans la collectivité en mettant ses installations à la disposition de groupes extérieurs de personnes âgées.

Kingston

La visite de l'hôpital St. Mary's of the Lake a constitué une expérience des plus enrichissantes. Elle nous a ainsi révélé ce qu'une faculté de médecine pouvait accomplir lorsqu'elle était bien dirigée et que son personnel faisait preuve de l'attitude voulue envers les personnes âgées. Il est tout de suite apparu que ses divers services étaient planifiés avec soin, qu'on y accordait la plus grande importance au rétablissement des malades et que de nombreuses méthodes novatrices y étaient mises au point et utilisées. Plusieurs organismes et particuliers ont présenté des mémoires lors de la réunion publique. Les particuliers ont souligné la rareté des services de podiatrie et leur coût élevé et ont soulevé la question du copaiement des frais pour le traitement des maladies chroniques, les services pharmaceutiques et les soins de nuit. Le conseil sur l'alcoolisme de la communauté de Kingston (*Kingston Community Alcoholism Council*) a déploré l'absence de données et de services qui empêchent de venir à bout du problème de l'alcoolisme chez les personnes âgées. Un groupe de personnes âgées a présenté un mémoire sur les services de podiatrie, plus précisément sur le traitement des affections légères des pieds, et a recommandé que les collectivités ontariennes puissent toutes bénéficier des services essentiels de podiatrie.

Le programme "Bridging the Gap" du *Loyalist Collegiate and Vocational Institute* a réussi de façon probante à faire partager à des personnes âgées et à des jeunes une expérience d'apprentissage; les personnes âgées ont participé à des cours de gymnastique, à des cours du jour ouvrant droit à crédits et à des projets d'artisanat; les élèves ont apporté leur aide de diverses manières, en offrant entre autres des services de cuisine ambulante et de coiffure.

Le conseil des personnes âgées de Kingston Inc. (*Kingston Senior Citizens Council Incorporated*) offre, sous la devise "personnes âgées, entraïdons-nous", divers services: aide à domicile, voyages et événements sociaux, programmes d'enseignement, distribution de nourriture, conducteurs bénévoles, visites amicales, transport pour faire ses courses. Dans un mémoire sur le logement pour les personnes âgées, d'autres personnes demandaient que soient apportées certaines modifications de conception, notamment en ce qui concerne l'emplacement des machines à laver et la proximité des magasins, l'amélioration du chauffage dans les salons et dans les salles de bains. Ces changements aideraient énormément les personnes invalides qui vivent seules.

La Légion Royale Canadienne, filiale n° 9, a fait part des difficultés qui surgissent après le décès du conjoint ou lors du placement dans un établissement d'un ou de plusieurs membres d'une famille. Des membres du Conseil on visité le foyer Providence Manor pour personnes âgées, foyer administré par l'église, qui sert également de centre social pour personnes âgées, offre un programme de cuisine ambulante et joue le rôle de centre

Brantford

Invités par le comité des personnes âgées du Conseil des affaires sociales de Brant, nous avons passé la journée du 16 octobre 1979 à Brantford. La visite a commencé par une réunion publique avec le club de l'âge d'or Ojisthon des Six Nations à la maison de repos Lady Willingdon à Ohsweken. Cette rencontre a été l'occasion d'aborder un certain nombre de questions:

Il est urgent de planifier dès maintenant l'avenir de la réserve des Six Nations, car sa population est passée de 4 000 à 10 000 habitants, en raison du grand nombre de retraités revenant vivre dans la réserve, et elle aura donc besoin de beaucoup plus de services qu'il n'en existe présentement. Il n'y a, à l'heure actuelle, aucun service de soutien communautaire, comme le programme de cuisine ambulante ou le service de soins à domicile pour malades chroniques.

La maison de repos Lady Willingdon est complète actuellement. Elle a dû établir une liste d'attente pour les futures admissions. Bien que les installations soient vieilles et inadéquates, l'ambiance et les soins y sont excellents, comme on peut le constater sur les visages souriants et heureux des résidents. Le Conseil a porté la question à l'attention des autorités ministérielles compétentes.

Lors, d'un repas au centre social pour personnes âgées, les membres du Conseil ont eu de nombreuses conversations avec les employés et les bénévoles des services communautaires, les représentants de la municipalité et de divers organismes et, bien entendu, avec les personnes âgées du centre.

La réunion publique organisée l'après-midi dans la salle commune du centre a fait surgir un certain nombre de questions et a débouché sur diverses recommandations, certaines d'intérêt général, d'autres de nature plus personnelle. On a déploré que certains lits d'hôpitaux aient été supprimés et on a demandé qu'ils soient remis à la disposition des personnes âgées.

La sécurité dans les rues et à la maison a semblé inquiéter plusieurs personnes âgées. Il semble que tout le monde ait accordé la priorité aux services de soins communautaires, et, bien que le gouvernement de l'Ontario ait récemment annoncé une augmentation des subventions pour ces services, les personnes présentes à la réunion en ont déploré la mauvaise planification. Certains ont recommandé que les subventions soient accordées aux organismes ou groupes désignés et approuvés par les collectivités locales. D'autres ont recommandé la création d'une loi sur les services de soutien communautaires, qui fasse ressortir clairement les services à offrir aux 92% de personnes âgées qui vivent dans la communauté et non dans des établissements.

Parmi les autres préoccupations évoquées, citons: la nécessité de créer des services universels de traitement des maladies chroniques à domicile; l'établissement de mesures visant à inciter les personnes âgées à créer et à financer leurs propres

Les membres du Conseil croient sincèrement que, besoins des 780 000 personnes âgées de l'Ontario, ils doivent les consulter le plus possible. Les assemblées régionales, très enrichissantes, nous ont permis d'écouter et de noter ce qu'avaient à dire les personnes âgées. Nous avons pu également identifier les problèmes et les besoins particuliers des personnes âgées vivant dans des zones rurales, souvent isolées. Ce contact nous a poussés à réaliser une étude sur les besoins des personnes âgées vivant en milieu rural.

Le président, M. Douglas H. Rapelje, et les membres du Conseil ont organisé dans diverses collectivités des visites et des réunions publiques des plus instructives.

Thunder Bay

Lors de la réunion publique organisée à la mairie de Thunder Bay, le 27 août 1979, un certain nombre de sujets ont été abordés: *insuffisance des pensions forçant de nombreuses personnes âgées, notamment les célibataires, veufs et veuves, à vivre au-dessous du seuil de pauvreté; logement—Thunder Bay a besoin de plus d'appartements subventionnés; les subventionnés devraient recevoir une aide financière en raison des loyers exorbitants; les longs hivers du Nord de l'Ontario sont très éprouvants pour les personnes âgées—elles ont besoin d'un bon service de transport pour aller faire leurs courses, se faire soigner et participer à des activités sociales et récréatives. Les programmes de préretraite ont également été discutés: tout le monde était d'accord pour dire qu'il n'y en avait pas assez, par contre les avis étaient partagés sur la question de la retraite obligatoire.*

Les membres du Conseil ont profité de leur présence à Thunder Bay pour visiter quatre centres pour personnes âgées.

Hoito Club—Salle de réunion et de télévision que le club a mise à la disposition de ses célibataires masculins du troisième âge.

St. Joseph's Manor Centre—Grand ensemble d'avant-garde, conçu avec recherche et imagination, où les personnes âgées peuvent vivre de façon indépendante ou recevoir les soins infirmiers dont elles ont besoin; de plus, le centre est parfaitement intégré à la communauté: les enfants des écoles voisines l'utilisent, et les adultes y participent à divers programmes.

Grandview Lodge—Foyer pour personnes âgées qui témoigne qu'il n'est pas nécessaire de créer des centres distincts pour les divers groupes ethno-culturels. La population de Thunder Bay est très hétérogène, et les personnes qui se sont côtoyées comme voisins ou collègues de travail durant leur vie active semblent heureuses de pouvoir continuer à le faire au cours de leurs vieux jours. Dans ce centre, environ 60% des résidents sont d'origine finlandaise.

Herb Carroll Centre—Exceptionnel, non seulement par la diversité de ses programmes, mais également du fait qu'il est situé dans un bâtiment pour personnes âgées de la Société de logement de l'Ontario.

Dryden

Voici les présentations et les discussions qui ont eu lieu lors de la réunion publique tenue en soirée, dans cette ville, le 28 août 1979:

Le foyer pour personnes âgées de la région de Patricia constitue un projet valable, mais les retards de mise en application, qui se répercutent sur les personnes âgées, sont un sujet évident de préoccupation.

La *Ministerial Association* s'est dite préoccupée par la situation des autochtones, qui ont énormément de mal dans les hôpitaux à se faire comprendre ou à trouver des interprètes.

Le conseil d'administration de l'hôpital du district de Dryden a indiqué lors de la réunion qu'il n'y avait pas de foyer ni de maison de repos pour les personnes âgées à Dryden et que, par conséquent, les personnes âgées devaient soit occuper des lits de malades aigus soit être envoyées à 90 milles de là. Il y a donc un besoin urgent de centres pour malades de longue durée et de services de soins intégrés.

La *Victoria Apartments Association* a indiqué les divers moyens dont disposent les personnes âgées pour s'occuper de leur environnement et s'entraider. Le lendemain matin, les membres du Conseil ont visité le foyer pour personnes âgées, encore en construction, la mairie, où ils ont reçu un accueil surprise des plus chaleureux, les appartements Van Home, la *Dryden Athletic and Recreation Commission* et des locaux utilisés à la fois par des personnes âgées et par des jeunes.

D'autres présentations ont eu lieu au *Dryden Senior Citizens Club 54 and Go-Getters Club Inc.* Ce club arrive non seulement à s'autofinancer, mais est parvenu dans le passé à recueillir des sommes importantes, grâce à des dons, qu'il a mises au service de programmes et de causes utiles dans la communauté.

Plusieurs questions ont été discutées: Alternatives to Institutional Care dessert 12 municipalités avec un *personnel très restreint; le service de santé publique du Nord-Ouest a fait remarquer que les personnes âgées avaient besoin d'un plus grand nombre de services de soins à domicile et de conseils sur la façon de rester en bonne santé; le conseil de santé publique du district de Kenora-Rainy River a précisé que les grandes distances étaient un handicap qu'il fallait surmonter pour apporter les soins nécessaires aux personnes âgées, la plupart d'entre elles étant célibataires ou veuves et sans soutien familial; le comité municipal sur les services aux personnes âgées de Sioux Lookout a fait remarquer que 20% des lits d'hôpitaux sont occupés par des personnes âgées, parce qu'il n'y a pas d'autres services pour assurer des soins prolongés ou s'occuper des malades chroniques à domicile. La commission*

la partie consacrée au système de points limitant l'admissibilité dans les bâtiments de la Société de logement de l'Ontario.

Les transports continuent à figurer sur notre liste de priorités; notre attention s'est portée sur les facilités d'accès à divers services, aux visites médicales, aux magasins, aux édifices consacrés au culte et aux centres sociaux et récréatifs. Nous avons également étudié les sujets suivants: conducteurs bénévoles, assurance et subventions pour des programmes spéciaux de transport.

La solitude qui frappe certaines personnes âgées reste l'une de nos préoccupations essentielles. Nous nous proposons d'étudier les causes et les circonstances de cette solitude, source fréquente d'ennuis et de problèmes pour ceux qui y sont confrontés. Nous nous attaquons à ce dilemme objectivement et espérons parvenir à des recommandations et des solutions progressistes et pratiques.

Nous avons également étudié les sujets suivants: centres polyvalents pour personnes âgées, services d'assistance à domicile, centres d'information communautaire, allocations de logement, centres sociaux pour personnes âgées, loi sur les maisons de retraite, participation des personnes âgées aux affaires locales, artisanat et loisirs, etc.

Nous avons eu une année bien remplie et fort intéressante. Le comité a étudié les programmes et les projets des gouvernements fédéral et provincial et des municipalités ainsi que les politiques en vigueur dans d'autres pays. Nous avons eu la chance de recevoir l'aide et les conseils de spécialistes sur de nombreux sujets.

Pour conclure, nous voudrions faire remarquer que le fait de se tenir au courant des nombreux changements qui se produisent constitue en soi un véritable effort pour relever un défi de grande importance.

Logement et services communautaires

Le nom du comité indique ses responsabilités. Celles-ci exigent que nous connaissions bien notre sujet et que nous entretenions des relations étroites avec les personnes chargées de fournir des logements et des services communautaires. Nos études et recommandations complètent le travail des autres comités et répondent aux objectifs généraux du Conseil.

L'année dernière, le comité a décidé de s'intéresser tout particulièrement aux personnes âgées qui vivaient dans la communauté, seules ou avec leur famille ou des amis. Ces personnes représentent environ 92% des 783 000 personnes âgées qui vivent en Ontario.

Ce qui nous préoccupe surtout à leur sujet, ce sont les impôts fonciers, car un grand nombre de propriétaires, notamment chez les personnes âgées, trouvent de plus en plus difficile de garder leur maison par suite de l'augmentation des taxes municipales qui sont en grande partie composées de taxes scolaires. Nous avons fait des recommandations en vue d'apporter les changements qui s'imposent dans cet important domaine.

En ce qui concerne le système d'attribution de points pour l'étude des dossiers et l'admission dans les logements subventionnés, des mesures ont été prises en vue d'encourager la révision des méthodes actuelles. Les recommandations du Conseil et les changements à venir sont décrits intégralement dans

demeurera un sujet d'actualité, et les membres continueront à susciter des changements d'attitudes chez les personnes âgées afin de les faire passer de l'étape "je suis malade et je me fais soigner" à "je suis en bonne santé et je me débrouille tout seul".

Au cours de l'année écoulée, le comité s'était fixé comme principal objectif d'encourager les personnes âgées à se maintenir en bonne santé. Le comité pensait qu'il se devait d'insister sur l'importance de bien se porter et de rappeler à tous qu'ils étaient responsables au premier chef de leur santé; nous devons conserver à l'avvenir cette idée maîtresse. Chacun de nous peut s'initier aux nombreux moyens qui existent pour rester en bonne santé. L'âge n'est pas une maladie, mais simplement un processus normal et inévitable.

Nous avons été heureux d'apprendre qu'un certain nombre de nos recommandations précédentes avaient soit été mises en pratique soit débouché sur des mesures concrètes. Les principaux changements ont essentiellement eu lieu dans deux secteurs: les services de traitement à domicile des maladies chroniques et les soins des pieds. Le premier programme a donné lieu, dans une première étape, à sept projets pilotes limités à certaines communautés; il sera étendu à toute la province en 1982. Dans le domaine des soins des pieds, l'amélioration de la formation et de la disponibilité des podologues a permis de mettre cet important service à la portée de nombreux résidents de l'Ontario.

Comme l'indiquent les mesures prises par les organismes gouvernementaux et communautaires en vue de promouvoir de saines habitudes alimentaires et une bonne condition physique, il semble qu'on mette de plus en plus l'accent sur la prévention dans le domaine de la santé.

Beaucoup de personnes nous ont fait part de leur préoccupation quant aux soins dentaires offerts aux personnes âgées. Le comité se propose d'entreprendre, en collaboration avec des spécialistes du domaine, des recherches sur les soins dentaires et de rédiger un exposé sur la situation actuelle et sur les diverses solutions envisageables dans l'avvenir.

Nous avons consacré énormément de temps à la discussion d'un document de travail sur "Mourir avec dignité", sujet important et controversé. Nous tenons à remercier les très nombreuses personnes qui nous ont fait part de leurs opinions et aidé à formuler le document de travail. Nous devrions d'ici peu le rendre public. Nous espérons sincèrement qu'il permettra d'évaluer et d'améliorer les attitudes ainsi que de susciter la discussion, puisque la mort et le deuil frappent tout particulièrement les personnes âgées.

Nous voudrions également exprimer nos remerciements aux divers organismes gouvernementaux qui nous ont demandé des conseils et des renseignements sur un certain nombre de questions importantes. Pour n'en citer que deux, nous avons participé aux travaux de révision et de modification des lois existantes sur les maisons de repos et aux consultations sur les services d'aide familiale.

Nous nous proposons également à l'avvenir d'effectuer des recherches sur l'abus des médicaments chez les personnes âgées et de promouvoir des cours de gérontologie destinés aux membres des professions de la santé. Le comité se chargera de contrôler la mise en oeuvre des programmes de soins à domicile dans l'ensemble de l'Ontario ainsi que l'évolution de la question des soins des pieds. La bonne santé des personnes âgées

simplicifier et de les rendre plus utiles, nous sommes très satisfaits des mesures prises pour améliorer la présentation et le style des renseignements. Nous pensons cependant que d'autres améliorations pourraient être apportées. Ainsi, le Conseil a rédigé à l'intention de M^{me} Margaret Birch la recommandation suivante:

ATTENDU QUE le gouvernement de l'Ontario apporte des changements à sa section dans l'annuaire du téléphone de Bell, et

ATTENDU QUE ces changements ont pour but de clarifier les listes du gouvernement de l'Ontario dans l'annuaire en vue de les rendre plus fonctionnelles et de lecture plus facile, et

ATTENDU QUE les personnes âgées utilisent fréquemment le téléphone, ce dernier constituant souvent leur seul moyen de communication avec l'extérieur pour se faire aider ou obtenir des renseignements, et

ATTENDU QU'il y a suffisamment de preuves à l'effet que les personnes âgées appellent fréquemment une série de numéros avant d'obtenir les renseignements recherchés sur l'aide ou les programmes gouvernementaux, et

ATTENDU QUE les numéros dans l'annuaire du téléphone sont souvent imprimés en petits caractères et sont, pour beaucoup de personnes âgées, illisibles,

LE CONSEIL CONSULTATIF DE L'ONTARIO SUR L'ÂGE D'OR RECOMMANDE QUE:

LE GOUVERNEMENT DE L'ONTARIO FASSE INSCRIRE DANS L'ANNUAIRE UN NUMÉRO UNIQUE IMPRIMÉ EN CARACTÈRES GRAS ET NOIRS SOUS LA RUBRIQUE "RENSEIGNEMENTS AUX PERSONNES ÂGÉES" (SENIORS INFORMATION) DANS LA SECTION DE L'ANNUAIRE DU TÉLÉPHONE CONSACRÉE AU GOUVERNEMENT DE L'ONTARIO.

Le comité a été heureux de rencontrer les représentants du comité consultatif sur les projets scolaires et communautaires de *Community Care Services, Metropolitan Toronto Incorporated*, pour discuter d'une proposition de programme doté de prix pour des projets sur les relations entre les générations. À la suite de ces entrevues, le Conseil a accepté une proposition visant à donner son accord de principe audit programme, qu'il considère comme une tentative supplémentaire de promouvoir les programmes destinés à créer des relations positives entre les jeunes générations et les personnes âgées et à offrir des services aux personnes âgées.

Le Conseil a préparé et adopté un exposé dans lequel sont analysés des exemples de cours spécialement conçus pour les personnes âgées—*Elderhostel*, Troisième Age Université et *Third Age Learning Associates*—en vue de le soumettre à M^{me} Margaret Birch. Le texte intégral ainsi que les recommandations sont reproduits dans la partie intitulée Accès à l'enseignement pour les personnes âgées en Ontario.

Au nombre de nos projets d'avvenir, citons l'élaboration d'un guide relatif aux programmes sur les relations entre les générations qui sera non seulement utilisé dans les écoles mais dans tous les contextes possibles.

Le comité sur le maintien du revenu s'est penché cette année sur quelques problèmes qui semblent sous-jacents aux questions soulevées par les personnes âgées et aux difficultés que certaines d'entre elles rencontrent.

Revenu de base garanti pour les personnes âgées en Ontario

À la date de rédaction du présent rapport, une personne célibataire dispose d'un revenu annuel garanti d'environ \$4 450, alors que le seuil de

pauvreté est en gros établi à \$5 000. Il semble donc

que le revenu des personnes âgées est inférieur de 11 pour cent à ce seuil; pourtant, si l'on tient compte

des avantages supplémentaires que constituent la

gratuité des soins médicaux et des médicaments et

les réductions sur les transports et les

divertissements, le revenu réel de base passe dans

de nombreux cas à au moins \$5 000. (Ce chiffre de

\$5 000 correspond à la moyenne des seuils de

pauvreté établis par les trois organismes suivants:

Comité sénatorial sur la pauvreté, Conseil canadien

de Développement social et Statistique Canada.)

Rapport des revenus personne seule-couple

Le revenu garanti à une personne célibataire

correspond à environ la moitié de celui qui est garanti

à un couple marié. Les dépenses d'une personne

seule sont toutefois supérieures à la moitié de celles

d'un couple. Le loyer, les taxes, l'électricité, le

chauffage, etc., reviennent aussi cher à la personne

seule qu'au couple. Le Conseil estime que pour

rectifier ce déséquilibre le revenu garanti à une

personne seule devrait s'élever au moins aux deux

tiers du revenu garanti à un couple.

Allocation de revenu

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rectifier ce déséquilibre le revenu garanti à une

personne seule devrait s'élever au moins aux deux

tiers du revenu garanti à un couple.

Allocation de conjoint

Bien que certaines modifications récemment

apportées à ce supplément fédéral aient été

favorables aux personnes qui avaient droit à

l'allocation, rien n'a été fait pour les célibataires qui

font partie des mêmes groupes d'âge et de revenus.

Une grande partie des pauvres en Ontario est

constituée par des hommes et des femmes de 60 à

65 ans qui ne peuvent compter sur la pension de la

sécurité de la vieillesse d'un conjoint.

Allocation de logement

Bon nombre de personnes âgées ont droit, en raison

de leurs revenus modestes, à des logements

subventionnés, mais ceux-ci ne sont pas en nombre

suffisant pour répondre à toutes les demandes. Les

personnes âgées qui n'ont que de faibles revenus

pour payer des loyers normaux ou les impôts fonciers

devraient recevoir une allocation de logement pour ne

pas être lésées par rapport à celles qui ont eu la

chance de trouver des appartements subventionnés.

Au cours de l'année 1976-1977, nous avons

recommandé au gouvernement d'éliminer ces écarts

en offrant aux personnes de 65 ans ou plus une

Education

La question que l'on avait chargé le comité d'étudier

portait sur l'éducation et l'apprentissage—pris dans

leur sens le plus large—pour, avec et par les

personnes âgées.

Il est réconfortant d'apprendre que bon nombre

des recommandations présentées en 1978-1979 ont

été acceptées et sont en voie d'application. Citons

entre autres les programmes sur les relations entre

les générations mis en place dans plusieurs

communautés; l'augmentation du nombre de cours

conçus à l'intention des personnes âgées dans les

établissements d'enseignement; l'extension du

programme gouvernemental d'emplois bénévoles

En ce qui concerne la recommandation du Conseil

relative à la révision des sections de l'annuaire de Bell

Canada consacrées au gouvernement en vue de les

Rapport du président

Chers amis,

Le Conseil consultatif de l'Ontario sur l'âge d'or a été constitué par un décret du conseil du gouvernement de l'Ontario. Il a pour mandat de promouvoir et de créer des programmes d'entraide pour les personnes âgées ainsi que de revoir les politiques actuelles qui ont une incidence sur les personnes âgées et sur l'économie.

Notre Conseil s'intéresse à tout ce que touche à la vie des personnes âgées, à leurs réalisations, à leur contribution, à leurs besoins et à leurs problèmes. Nous sommes d'accord sur le fait que la communauté et le gouvernement doivent aider les personnes âgées le plus possible mais nous croyons aussi fermement que les gens au troisième âge doivent également s'entraider pour leur propre satisfaction en tant que membres de la société.

Au cours de l'année 1979-1980, nous avons déployé des efforts pour consulter la collectivité le plus souvent possible. Nos visites à Thunder Bay, Dryden, Brantford et Kingston nous ont permis non seulement de nous renseigner sur les besoins particuliers des diverses régions de l'Ontario, mais aussi d'échanger des points de vue et de partager les inquiétudes des personnes âgées et des organisations à leur service. À la suite d'une de nos visites dans le Nord de l'Ontario, nous avons entamé la rédaction d'un document visant à faire connaître notre position sur les besoins des personnes âgées en milieu rural.

Nous avons suivi de près les services et les programmes du gouvernement et nous nous déclarons satisfaits des nouvelles mesures qui ont été prises dans des secteurs tels que les services de soins à domicile pour malades chroniques et les services de podiatrie, lesquels avaient été fortement recommandés par notre Conseil.

Nous avons aussi passé beaucoup de temps à préparer des exposés de vues qui, nous l'espérons, intéresseront et aideront les personnes âgées et les organisations à leur service. Un rapport intitulé *A Guide to Community Support Services* a été distribué à diverses organisations. Ce rapport vise à promouvoir les programmes qui aident les personnes âgées à rester autonomes dans leur communauté le plus longtemps possible.

Notre Conseil a accueilli avec beaucoup d'espoir l'annonce du gouvernement de l'Ontario concernant l'octroi de fonds pour aider et développer les services de soutien. Cette mesure est à la fois opportune et souhaitable. Cependant, nous désirons mettre l'accent sur le besoin de promouvoir des programmes communautaires qui ne s'appuient pas sur une aide gouvernementale mais qui reposent sur le principe du bénévolat où chacun participe, jeunes et vieux.

Des documents portant sur la mort dans la dignité, les soins dentaires pour les personnes âgées, les besoins des personnes âgées en milieu rural, et les programmes sur les relations entre les générations devraient être terminés cette année. Le Conseil a présenté plusieurs recommandations au

gouvernement provincial, qui figurent dans le présent rapport. Nous estimons que le Conseil a largement contribué à créer une attitude plus réaliste et moins stéréotypée envers les personnes âgées.

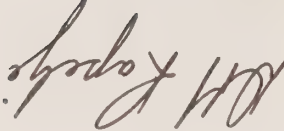
Ces vingt-cinq dernières années, j'ai eu le privilège de travailler pour les personnes âgées et j'ai été témoin de progrès considérables.

Au cours de ma première année à la présidence du Conseil, j'ai beaucoup appris des personnes âgées, des organisations et des gouvernements. J'aimerais donc, au nom des personnes âgées, remercier tous ceux qui ont appuyé le travail de notre Conseil. Ayant participé à de nombreuses conférences dans toute la province j'ai pu faire état des réalisations et des besoins des personnes âgées. Lors de mes voyages j'ai eu l'occasion de me rendre compte que les personnes âgées partageaient de maintes façons, leurs talents, leurs aptitudes et leurs connaissances. Ce partage améliore non seulement la qualité de la vie de leurs semblables mais aussi celle des autres générations.

Les membres du Conseil et moi-même avons établi des relations de travail étroites avec le gouvernement et les organisations privées dans des secteurs variés de planification de politiques. Nous avons participé à divers processus de consultation portant sur les droits des personnes âgées dans des établissements de soins prolongés, les besoins et la prestation future de services de soins à domicile, la révision de la loi sur les maisons de repos, et bien d'autres questions importantes.

Au nom du Conseil, je remercie Mme Margaret Birch, Secrétaire de la province aux Affaires sociales et les autres fonctionnaires qui ont appuyé le Conseil et lui ont offert leur collaboration. J'adresse également mes remerciements personnels aux membres du Conseil et à ses employés pour leur dévouement et leur travail.

Le président,



D. H. Rapelje

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Membres du Conseil 1979-1980

Rapelje, Douglas H., président
Johnston, Florence, vice-présidente
Upshall, Allan, vice-président

Comité sur la santé

Kinsella, Patricia, présidente
Howe, Laura
McCready, Margaret
Merry, George

Comité sur l'éducation

Johnston, Florence, présidente
Mennill, Joe L.
Naldrett, Evelyn
Rehill, James

Comité sur le maintien du revenu

Upshall, Allan, président
Epstein, Norman
Johnstone, Thomas
Kendall, Maxwell
Withrow, John

Comité sur le logement et les services communautaires

Goodin, Richard, président
Earhart, Leslie
Enns, Betty Lyn
Lanteigne, Cecile

Siège du Conseil

700, rue Bay
2^e étage
Toronto (Ontario) M5G 1Z6
Tél.: 965-2324

Elizabeth Szalowski, administrateur
Donald MacGillivray, adjoint administratif

Oakville
Scarborough
Kitchener
Kapuskasung

Willowdale
Downsview
Ottawa
London
Toronto

Thunder Bay
Aylmer
Kingston
Stouffville

Aurora
Dryden
Toronto
Kingston



Allan Upshall
Vice-président

Douglas H. Rapelje
Président

Florence Johnston
Vice-président

Nous avons l'honneur et le plaisir de vous remettre
le sixième rapport annuel du Conseil consultatif de
l'Ontario sur les personnes âgées pour l'année
finissant le 31 mars, 1980.

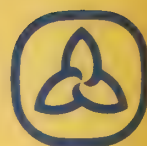
Madame,



Margaret Birch
Secrétaire de la province aux
Affaires sociales

Margaret Birch





Conseil consultatif de
l'Ontario sur l'âge d'or

Rapport annuel
1979/80



Ontario
Advisory Council
on Senior Citizens

Annual Report 1980/81



The cover depicts seniors through the eyes of children.

Our thanks go to the pupils and Principal Bob Gordon of Churchill Public School, Sudbury, Ontario.



Joyce Roumanes

Primary 3

"Grandpa and I are playing checkers in the kitchen. Grandpa always wins".

Jody Maki

Primary 3

"Grandmother and I playing ball (catch). She usually wins".

David Farkach

Junior 4

"I gave my Grandmother some flowers and she is thanking me for them".

Jenny Chong

Primary 3

"Grandmother and I are going to the store".



Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch

Dear Mrs. Birch:

It is with great pleasure that we present to you the seventh Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1981.

Sincerely,



Allan Upshall
Vice-chairman



Douglas H. Rapelje
Chairman



Florence Johnston
Vice-chairman

Council Members 1980/1981

Rapelje, Douglas H., Chairman

Welland

Johnston, Florence, Vice-Chairman

Thunder Bay

Upshall, Allan, Vice-Chairman

Willowdale

Education Committee

Beange, Edna, Chairman

Toronto

Johnston, Florence

Thunder Bay

Kinsella, Patricia

Aurora

Moriarty, May

Fort McNicoll

Mennill, Joe

Aylmer

Health Committee

Merry, George, Chairman

Kingston

Epstein, Norman

Downsview

Howe, Laura

Dryden

Ruth, Sam (resigned)

Toronto

Housing and Community Services Committee

Earhart, Leslie, Chairman

Scarborough

Goodin, Richard

Oakville

Lanteigne, Cécile

Kapuskasing

McHale, Francis

London

Income Maintenance Committee

Withrow, John, Chairman

Toronto

Barr, Mary Evelyn

Chatham

Johnstone, Thomas

Ottawa

Upshall, Allan

Willowdale

Council's Office

700 Bay Street

2nd Floor

Toronto, Ontario, M5G 2Z6

Elizabeth Szalowski, Senior Executive Officer

Donald MacGillivray, Administrative Assistant

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Chairman's Remarks

Dear Friends:

This is the second time I have the privilege to report to you on behalf of the Ontario Advisory Council on Senior Citizens.

The Ontario Advisory Council on Senior Citizens was established in 1974 by the Government of Ontario, with a mandate for the promotion and development of opportunities for self-help for the aged and reviewing the current policies which have a bearing on aging and the economy.

During the last two years, I have had the opportunity of addressing many conferences and meetings, as well as visiting many of your communities. I was pleased to observe the increased involvement of seniors and note that communities are becoming more aware of the needs of the elderly.

I would like to highlight some of the future challenges we face, as I believe this report adequately sets out the recommendations and concerns we have made to the Provincial Government in the last year.

One only has to look at the projected numbers of older people from now until the turn of the century, and particularly at the increase in our over 85 year old age group, which will be two and one-half times greater in the next twenty years, in order to realize our greatest challenge lies in better and accelerated long range planning.

This also supports the need for all governments and private agencies to shift more of our resources from the young to the old, to effectively meet future needs.

Our Council has made strong recommendations for Government to assure consistency in the delivery of long term care and more emphasis on community support services, to help preserve independence for the 92% of our seniors living in the community. We will continue to promote "continuum of care models", to assure that the right service is available at the right time in all Ontario communities.

As we look to the future, it is important that opportunities for seniors are clearly identified, as well as their role and responsibility in society. I have been impressed with the way seniors are becoming more involved in their communities, by sharing their time, talent and skills. Hopefully, innovative programs like "Senior Talent Bank" will further promote sharing.

We must look at the potential and not the limitations of seniors. It is also important, in order to allow a full and rich life for seniors, that we do not over-protect them.

A past member of this Council often reminded us that seniors, in order to earn rights, must also assume responsibilities.

Our Council will continue to question the present retirement policies. I suggest we must re-examine, in light of today's experience and for the future, the myth that people are old at age sixty-five.

We have been conditioned to believe that

Government must be the total provider, but as we look at the future, it seems obvious that Government has limitations and we must promote more self-help and self-direction. This will mean the strengthening of the volunteer sector, as well as service organizations and the religious institutions, to assure a good quality of life in the future. It is also important that we acknowledge the progress that has been made and not just dwell on what we don't have.

I was impressed with the Conference sponsored across the province by the Honourable Margaret Birch on the Family. It focused on the often over-looked and important role the family has, and in particular, the realization that for seniors, the family is by far the greatest care giver. For this reason, we must provide more support to the future family, in relation to seniors' needs.

Intergenerational involvement becomes more important, particularly in light of the growing number of older people and because of the absence of grandparents in the lives of many young. Very simply, the young and the old need each other and have much to share and give each other.

The whole area of adequate income and its relationship to independence deserves our attention and particularly the plight of the single older woman.

Finally, as I look at the future, I must mention the advocacy role that seniors themselves must play. It is becoming more important that seniors' organizations speak out to help shape the future and use their growing political power in a strong and effective way, and help create a more positive attitude about the elderly.

These are some of the major challenges which I believe face our Council, Government and all of society. I am optimistic that the future for seniors can be bright. However, we have to become more self-sufficient and make better use of our resources, we have to have governments set priorities in a more effective way; we need to strengthen the family; we have to involve seniors in decision making and we must carry out long range planning.

The myths and realities of aging need exploration and our Council has the responsibility to help thrust a new and exciting course into the future.

In 1974, Miss Hope Holmsted, the first Chairman of this Council made the following statement in the Annual Report, which I feel needs repeating in the 1981 report.

"The opportunities provided are unlimited. The goal of the Council is to help create a province in which it is possible to grow old with dignity and a sense of usefulness; where services are adequate and varied; and include the element of choice in all facets of living, where older people have concern for one another and rejection is no longer acceptable."

This will remain to be the goal of the eighteen

dedicated people who serve on this Council. We will continue to urge for government support and action on the many important recommendations made.

On behalf of the Council, I thank the Honourable Margaret Birch, Provincial Secretary for Social Development and other Government Officials for their support, cooperation and recognition of our Council. Also, our appreciation to those who made us so welcome during our community visits and, to the groups who made the excellent presentations to the Council during the year.

My personal thanks go to the Council Members and Staff, for their dedication and work.

THE FUTURE IS NOW.

A handwritten signature in dark ink, appearing to read "D. H. Rapelje". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

D. H. Rapelje
Chairman

Committee Reports

Education

With the steadily increasing numbers of seniors there is an ever-widening circle of needs in the use of leisure time. To some “just sitting and watching” is a satisfying use for new leisure time but for many there is a desire and frequently an undefined need for direction to determine how best to use one’s time with satisfaction and enjoyment.

Intergenerational Programs: With this in mind the Education Committee spent a considerable amount of time endeavouring to develop a Guide to Intergenerational Programming, in order to inspire whoever might wish to become involved. Because of the concern of the committee not to “re-invent the wheel” a final conclusion to this project has not yet been realized. We have worked in consultation with the Ministry of Education in the projected development of a slide presentation depicting Intergenerational Programs within the school system. Following further discussion with the Ministry of Culture and Recreation, it is apparent that a section showing “how to” develop suitable programs is needed and it has been proposed that the Education Committee concentrate their efforts in this area.

Seniors Tell All: As a result of the great response to the invitation in “Especially for Seniors” to write about how it felt to be old, it was decided that beyond the three submissions judged to be winners, there was a wealth of thoughts and experience which needed to be published. The Education Committee, therefore, was delighted to assist in the production of “Seniors Tell All”, a booklet which is of use to many groups and individuals who are concerned with attitudes towards aging. This booklet has been distributed to Boards of Education throughout Ontario and has been well received.

Future Projects: In future months the committee hopes to meet with representatives from Third Age Learning Associates, as well as other similar organizations who are promoting and informing older adults about educational opportunities. Members have also been encouraged by the work of the Ontario Educational Communication Authority and will continue to monitor media activities. In this respect, the Education Committee plans to study the impact of media on seniors.

Health

The objectives of the Health Committee during this year were on the improvement of the quality of health care and its equity of distribution for all senior citizens in the province of Ontario.

“Dying: Towards a Better Understanding” a discussion paper was completed by the committee and approved by the Council for publication and distribution.

“Dental Care Needs of Ontario’s Seniors”—a position paper was inaugurated and published. Both studies required significant research and consultation with outside individuals and organizations.

Foot care was an on-going concern for the committee and meetings were held with specialists in this area. While significant changes were made in the provision of foot care the Council will continue to monitor the proposed educational and delivery systems.

Equitable Bed Allocation for Long Term Care was also studied by the committee. Further research is indicated in order to arrive at a clearer picture of what is available at the present and what will be required in the future to accommodate the growing numbers of elderly persons in our society.

Long term care policies and its provision are of continued concern to the committee. In order to evaluate the situation a recommendation was prepared by the committee and approved by the Council for submission to the Government of Ontario. The recommendation calls for the establishment of a task force to study present policies in long-term care facilities. It is the committee’s belief that the task force is the first step in the many steps to be taken to ensure uniform and consistent accessibility, standards of care and accountability of long term care facilities.

Mentally frail elderly, their situation and their needs will be the target group for the committee’s endeavours for 1981.

The committee would like to recognize the invaluable assistance of the Council’s staff for their work in the completion of the projects set out in 1980.

Income Maintenance

The prime objective of the Income Maintenance Committee has been towards the achievement and maintenance of an adequate and fair income for all senior residents of Ontario in their retirement years.

Basic Guaranteed Income: Government benefit plans, the federal Guaranteed Income Supplement (GIS) and Ontario’s Guaranteed Annual Income System (GAINS), have been increased in the past year to provide a more adequate income for recipients who are in the lower income brackets. The Committee holds, however, that these increases have not improved the situation in respect to the single retiree, living alone, in comparison with the position of the married couple. The single person faces, in maintaining a home or other accommodation, the same expenses as those faced by a married couple, in respect to rent or taxes, electricity, heat, and general maintenance expenses, as well as food and other costs, which may not be much higher for two persons than one. Present government programs provide a single person with approximately half the benefit paid to a married couple. The Committee has recommended, and the Council concurs, that the income required by a single person, living alone,

should be closer to $\frac{2}{3}$ of that provided to the married couple, to maintain the same standard of living.

This problem particularly applies to the single woman, whether she never married, or is now widowed or otherwise living as a single person, and is aggravated by the lower private income which may be available from pension or other personal sources. The "old-old" are in the worst position since many women have never had paid employment. Those who were employed in many cases had no pensions and CPP come into effect too late.

Ontario Property Tax Grant: The impact of the recently introduced Ontario Tax Grant has been studied by the Committee. While it is recognized that some senior citizens may receive a smaller credit than that previously provided under the Ontario Tax Credit system, however such difference has been compensated for, in most cases, by recent increases in the GIS and GAINS benefits.

The Property Tax Grant is not intended as an income benefit, but as a grant to relieve a senior property owner, or renter, of the burden of property taxes, in whole or in part, and in most cases, exceeds or approximates, the taxpayer's share of the education tax. In effect, the Ontario Property Tax Grant refunds the educational tax which is part of the taxpayer's property tax bill.

Future of Government and Private Pension Programs: The Committee is very concerned with any changes proposed in either government or private pension programs and the effect that any revisions may have on the retirement income of seniors, both now and in the future.

The Report of the Ontario Royal Commission on the Status of Pensions in Ontario recently released, has been reviewed in detail, and a Committee report is being prepared for the consideration of the Council and submission to the Provincial Government.

The Council was represented by a Committee Member at the National Pensions Conference in Ottawa convened by the federal government in March-April 1981. A meeting of federal and provincial representatives is proposed for later in the year to discuss the many proposals put forward at the Conference and early federal action has been promised.

The Committee will be monitoring any future activity very closely, for any action taken now will have far-reaching long-term effects on the future of government and private pensions in Canada, and the income of our senior citizens in retirement.

Housing and Community Services

Following a year of intensive study and the production of "A Guide to Community Support Services" the Housing and Community Services committee concentrated their efforts on the review of previous

recommendations and planning their priorities with respect to future studies.

Property Tax Grant: With the announcement and implementation of the Ontario Property Tax Grant, the committee realised a major objective. Having worked in conjunction with the Income Maintenance Committee, members had concentrated their efforts towards the implementation of funding to alleviate the burden of property taxes for the elderly homeowner. To this end, the new Property Tax Grant System has helped to bring this area of study to a satisfactory conclusion.

Points System for Subsidized Housing: Committee members had the opportunity in 1980 to review the proposed new application form for OHC subsidized housing. In their review, they pointed out the need for a reappraisal in the present limits set for income of an applicant and the need to provide some flexibility in considering persons who do not qualify because of higher income but who are obviously in need of group housing. Members appreciated the opportunity in having input into the review and were encouraged by the Ministry of Housing's positive thinking. Changes to income limitations along with consideration of those individuals who do not qualify but have a need are being considered for implementation.

Community Services: The committee expanded its focus this year for Housing to include Community Services. This move was seen to be a positive one in that members felt that housing issues should not be dealt with in isolation. Moreover with the policy initiatives in assisting seniors to remain in their own homes, the committee saw a definite need to combine the issues of housing and support services in order to be consistent with current issues.

Because of the very positive response to "A Guide to Community Support Services", the committee will continue to promote support services in the community and the continued need for financial support from government. The most pressing issue in this area is still seen as the need for co-ordination of support services to reduce duplication and waste of resources. Members hope to have further input into the creation of an Act on Community Support Services which will, they believe, reduce many of the current difficulties in the number and delivery of service.

Future Concerns: Among the many issues dealt with by the committee, the topic of loneliness received considerable attention. Studies on this subject are currently underway in two Ontario universities and preliminary discussions have been held with researchers. While members anticipate that it will be some time before results are forthcoming, they will continue to monitor progress and provide assistance where possible.

At the current time, the committee's major endeavour is the development of a guide on living arrangements for older adults.

Regional Meetings

Ontario's seniors are diverse groups—their lives, their aspirations and their needs differ across this vast province.

The Council's mandate is to work on behalf of all Ontarians and this is why regional meetings provide an excellent opportunity for learning and sharing, both for and by the local communities and Council members.

During the 1980/81 fiscal year three regional forums were held:

Kapuskasing

On June 2 and 3, 1980 Madame Cécile Lanteigne, Advisory Council member from Kapuskasing was the organizer and hostess of Council's two-day visit to that region.

Council members toured Sensenbrenner Hospital, Kapuskasing Nursing Home and Centennial Manor Home for the Aged and learned about the life of seniors in these facilities. The evening was spent at the Golden Age Centre intermingling with some ninety club members and sharing their warm hospitality.

On the second day a public meeting was held at the municipal building. One hundred and twenty-five representatives from as far as Hearst and the surrounding counties and districts of Kapuskasing were present.

Mayor Rene Piché welcomed the participants and guests and Mr. Doug Rapelje Council Chairman explained the role of the Council and asked seniors to be more self-supportive and help create a society that looks on the potential of older people rather than their limitations.

A number of issues were brought up and discussed:

The New Horizons Program has been of great help to initiate and establish senior citizens clubs and centres in northern Ontario. The grants have not only improved the quality of life for seniors but also enhanced the life style of the whole community.

The housing situation in the Cochrane District was a concern, as well as home support services, as it was estimated that some eighty-seven percent of seniors needed services to remain in their own homes.

The Old Age Security System and the Canada Pension Plan was outlined and questions from participants were answered.

Council members were encouraged by the positive attitude displayed on the part of older adults in the northern communities and the contributions they are making to improve their quality of life.

London

Mrs. Frances McHale, Advisory Council member from London, was the chairman and organizer of the November 18th, 1980 meeting which opened at the Forest City Kiwanis Senior Community Centre in London.

Those attending learned about the coalition for seniors which serves both the City of London and the County of Middlesex. The coalition, in existence for

the past fifteen years, is at the present time focusing attention on future planning. The goal for planning for services for seniors in the community is to determine what services are necessary to meet the projected needs of persons sixty-five years of age or older.

Other presentations included the growth and development of the Forest City Kiwanis Senior Community Centre and their plans to double the size of the Centre. Golden K Clubs' members are senior citizens and extremely active in a variety of community programs. Seniors Bureau is also manned by senior volunteers who provide free information services, help with tax returns, transportation, accommodation, postal alert, home help and conferences. They have also published a Directory of Information Services for Seniors.

The afternoon session was held at the Hamilton Road Senior Community Centre. Again a number of presentations were heard and discussed: A Retirement Research Project of the University of Western Ontario involving 300 men in their early sixties who will be followed up and studied until they are 65 or 70 years of age to determine the effects of retirement; A follow-up study by public health nurses of high risk elderly; and presentations by representatives of the CNR Pensioners Association, New Era Seniors Association, the administrator of Dearness Lodge and a representative of Hamilton Road Senior Community Centre.

Council members also visited Parkwood Day Hospital and the Seniors Craft Store, which has now embarked on a new project of "Crafts on Wheels" for the homebound.

Members were deeply impressed with the calibre of programs carried out by volunteers from service clubs and a great number of senior citizens.

Chatham

On November 19th, 1980 a whole day was devoted to a public forum held at Thamesview Lodge. The event was organized and chaired by Mrs. George Barr, Advisory Council member from Chatham.

The general theme for the morning session was the Role of Volunteers and The Future. An array of presentations was made on this subject:

Life in a Home for the Aged was described by a resident of Thamesview Lodge who is also the editor of the Lodge's newsletter and contributor of book reviews to local newspapers.

Meals on Wheels program exists mainly on volunteer help, many of whom are senior citizens. Meals are planned, prepared and delivered three times a week, 52 weeks a year, including holidays.

Care Helpers Assistance Program (C.H.A.P.) is an innovative home support service utilizing the skills of 35 volunteers ranging in age from 13 to 73 years who provide help to some 100 elderly persons in the community.

Pre-retirement Planning was the main focus of a workshop held for the Ursuline Order sisters at the Pines.

Seniors in Rural Communities and how their needs were being met were described in the presentation by a Provincial Board Director of the Federated Women's Institutes of Ontario.

Health needs of Seniors touched on assessment and placement of those in need of care and encouraged flexibility and mobility from institutions into the community.

Maple City Seniors Centre carries out, among

other activities, a significant volunteer program in which children aged 2 months to 4 years from single parent families are looked after by surrogate grandparents.

Council members also visited Victoria Home and met informally with staff and residents.

Again, it was found that the success of many programs was due to the enthusiasm and hard work of volunteer workers across the community.

Submissions and Studies

A Guide to Community Support Services

The Ontario Advisory Council on Senior Citizens prepared this booklet to assist seniors to remain in their own communities as long as desirable and feasible.

Almost ninety-two percent of Ontario's seniors, at any given time, live on their own or with families or friends in the community. They wish to remain in familiar surroundings and make their own decisions about changes in lifestyles.

While the Council agrees that the community and government have to help seniors, it also strongly believes in the responsibility of Self-Help by the aged for their satisfaction and advantage as members of society as a whole. All rights and privileges are accompanied by responsibilities, regardless of age.

The guide is designed for service groups and clubs, seniors' associations, municipalities, religious organizations, ethnocultural organizations, individuals—young and old, in fact, for everyone who wants to take action to improve the quality of life for senior citizens in their communities.

The booklet contains brief descriptions of projects and programs that:

1. *Assist* seniors to live independently in the community in comfort and dignity for the longest possible time;
2. *Enhance* the pleasures, achievements and overall quality of life in later years;
3. *Involve* the active participation of seniors in program development and operations;
4. *Promote* the co-operation of many community resources—business, labour, voluntary associations, professionals and seniors.

It also includes some suggestions for successful initiation, planning and organizing of services for older adults.

Seniors are very diverse groups and simply because they are 65 and over they are not necessarily a homogeneous segment of our population. We must therefore recognize and respect this diversity by developing a wide range of community support services that are appropriate to the needs and interests of so many different kinds of people living in a variety of circumstances. These support services should also include alternate choices, whenever possible, not only for seniors but also for families who are still the major caregivers to their elderly.

The booklet contains questions on specific services, so that the readers can analyze the availability of services in their communities and make a list of possible new services.

The Ontario Advisory Council on Senior Citizens hopes that the communities utilize the contents of this booklet and that it will assist them to:

1. *Review* services at present available for seniors in the community;
2. *Identify* gaps in services and determine priorities;
3. *Obtain* ideas for expanding or modifying existing programs and the initiation of new programs;
4. *Develop* continuum of care for the community appropriate to the existing circumstances of seniors.

It is up to all of us to make our community a good place to live. The Ontario Advisory Council on Senior Citizens has prepared this booklet to assist you to meet the challenges of today and plan for even better tomorrows.

Towards an Understanding of the Rural Elderly

The Ontario Advisory Council on Senior Citizens found during its meetings and regional visits across the province that the needs and qualities of senior citizens in non-metropolitan areas were potentially quite different from those in large urban centres. It was also discovered that very little was known about rural seniors in Ontario.

The Council invited the Rural Development Project of University of Guelph to prepare a background statement for the Council describing from existing information sources, the strengths and the weaknesses of senior citizens in Ontario's rural areas.

This report represents the first attempt to bring together systematically a rather limited body of research on the rural elderly. It addresses two fundamental concerns: the definition of who constitute rural population and secondly the tremendous diversity of rural life.

The report suggests that rural elderly are by no means overwhelmingly deprived. Their reported levels of satisfaction are as high or higher than that of their urban counterparts. Nevertheless, problems of access to transportation are evident and bear directly upon the issue of the provision of appropriate personal and local services, another area in which the rural elderly are disadvantaged. Regardless of these problems, many rural seniors are more active than urban seniors and their ability to overcome local difficulties and to organize and sustain self-reliant services and activities for themselves bears further examination by urban policymakers and program directors.

This report concludes with several recommendations for further research and action for Ontario's rural elderly:

- a. Given the known concentration of seniors in rural Ontario, a study should be commissioned to identify exactly where such concentrations are located and how they relate to different regions of the province. Any such study should

include future projections and account for current mobility patterns.

- b. Research is required to determine the differentiating characteristics of rural and urban seniors. Any major findings of such research should be related to current policy and program directions in Ontario.
- c. Research is required to assess rural seniors' views of their own needs and priorities and to identify mechanisms for bringing rural seniors more directly into the planning process. The findings of such research should be employed in the development of policy and the planning of services and programs to ensure that these will indeed meet the needs of rural seniors.
- d. Further information should be gained about those activities in rural areas which have been judged by residents to be important, self-directed successes. These may well provide an example appropriate to the needs and concerns of other rural areas and urban groups.
- e. A systematic examination of social and health service systems in rural areas is required. The use of, access to, and awareness of these services by senior citizens should be considered. The implications of promoting suitable models for delivering health, housing and social services for seniors in different rural areas must be explored, as well as ways of improving the system of sharing information on social and health services.
- f. Research examining the lives of seniors in such special areas of rural Ontario as single industry towns, native communities and tourist/retirement centres should be encouraged. Special attention needs to be directed toward the particular circumstances of the widowed, single families, homebound elderly, and those on fixed incomes in all rural areas.

The Council believes the paper raises a number of issues that require further study and understanding. Also, it raises a number of very positive aspects that might provide solutions to problems faced by the urban senior.

It seems that one of the key issues for further study and one which is in the Council's previous recommendations, relates to the appropriate delivery service model that recognizes the special problem created by distance and isolation.

We obviously need to know more about the lives and numbers of rural seniors and trust the recommendations contained in this paper will stimulate the research community.

Dying: Towards a Better Understanding

There is growing concern in our society about the care and treatment of people who are dying. For many individuals, death does not come suddenly. Elderly people commonly experience gradual deterioration in their health over an extended period.

Eventually, the process of decline reaches the point where the individual is considered to be dying; but through medical assistance and other forms of care, the actual occurrence of death may be delayed for some time. Similarly, people with a diagnosed terminal illness may obtain treatment that will postpone death for months or even years.

Although our society has developed the technical capability to prolong life for a large number of people, the humanistic quality of care and treatment provided to the dying often leaves much to be desired. Sometimes the elderly and ill are victims of deliberate abuse and neglect. More frequently, they are deprived of proper care and treatment because their needs are not recognized or fully understood, or because they do not have access to appropriate services and facilities. In either instance, the result is the same: the experience of dying is not eased, but rather intensified.

The Ontario Advisory Council on Senior Citizens takes the position that a more compassionate approach is required by those who provide care. People who are dying should receive all the support they need and want, to the extent that others can provide it. Responsibility for the dying should be shared by everyone involved: those who provide physical care and treatment, those who offer spiritual and emotional support, and those who have close personal ties with the dying person. Government, private organizations, and other institutions also should seek ways of improving services for people who are dying.

This paper proposes an approach to the care of the dying which is based on better understanding—first, of the needs, rights, and preferences of the dying person; second, of the roles and responsibilities of people who provide care; and third, of the kind of medical and social support that will best benefit those who are dying. The paper is intended to be read and discussed by people who are directly concerned with care of the elderly and seriously ill. This group includes administrators of hospitals, long-term care facilities; physicians, nurses, psychiatrists, psychologists, and social workers; ministers, priests, and other representatives of religious institutions; and volunteers in the community. The paper will also be of interest to planners and policy makers in the social service field, senior citizens, and the general public.

The paper attempts to lay the groundwork for a better understanding of dying, from the several viewpoints of the elderly and ill, the people who provide care, the family, and others associated with the dying person. Throughout the discussion, particular emphasis has been placed on the needs and wishes of the dying person. He is at the centre of the medical and social systems that serve him, and of the network of personal relationships developed over the course of his life. Recognition and remembrance of this single fact will go far towards establishing a more compassionate approach to the dying.

Beyond this general statement, four specific objectives emerge. Our society—meaning the individuals and institutions that it includes—should endeavour:

First, to increase awareness of the needs and desires of the dying person, on the part of the people who are responsible for his care;

Second, to provide such physical and emotional support as may be required to satisfy these needs and desires;

Third, to encourage cooperation and communication between various people who care for the dying and the dying person; and

Fourth, to develop care and treatment services that respond to the needs of each dying person, according to his particular circumstances.

Efforts to achieve these objectives will have a direct beneficial effect upon the care received by the dying person.

Dental Care Needs of Ontario's Seniors

In December 1980 the Ontario Advisory Council on Senior Citizens released a position paper on the dental care needs of Ontario's seniors.

Dental care for seniors—preventive dentistry, maintenance and treatment of teeth and mouth has been an issue of long standing for this Council and a number of observations and recommendations have been made on this specific concern.

The position paper provides background material, suggestions and recommendations on dental care needs, based on the present situation in Ontario where six out of every ten senior citizens living in the community require some form of dental treatment and those seniors residing in long term care facilities have even greater needs.

A number of factors in the area of dental care for the elderly are examined: a) individual motivation for dental care; b) accessibility to dental services; c) availability of dental care personnel; and d) affordability of dental services.

The Ontario Advisory Council on Senior Citizens believes that the issues and concerns expressed in this discussion paper are of vital importance to our elderly and therefore has recommended the following:

**WE WISH TO URGE THE GOVERNMENT OF
ONTARIO AND DENTAL CARE
PROFESSIONALS TO SERIOUSLY CONSIDER
THE STRATEGY FOR DENTAL CARE DELIVERY.**

The position paper includes a number of supporting documents: "Dental Care for the Elderly", David Banting, D.D.S. University of Western Ontario, prepared for O.A.C.S.C.; "Dental Care"—excerpts from the 1978 Report of the Task Force on Health Care for the Aged, Ontario Council on Health; "The clinical management of the aging patient: factors in providing preventive and treatment services", David Banting, D.D.S.; Recommendations of United Senior Citizens of Ontario Inc.; Denticare programs in Alberta and British Columbia.

Seniors Tell All

As the title indicates, this booklet portrays seniors' views and attitudes towards life in general and primarily on the subject of aging.

The contents are based on original and unedited

essays from seniors who responded to the Council's question in its quarterly newsletter "Especially for Seniors". The question invited the readers to describe their feelings about "How do you feel about getting older".

They did tell us and now we wish to tell you what older people think and feel about aging. One of the writers noted that older people alone can discuss old age—after all they are the only ones with the unique authority which comes from direct experience.

"Much has been written about retirement by students and researchers on the subject. Active people still in the prime of life, with no actual experience on the subject. All of them trying to tell someone else what to do and how to do it. Most of it is based on theory, ideas, and conjecture. So the time has come for retirees to tell all, based on personal knowledge and experience. Let's hope this gives a better insight."

This booklet does not attempt to draw conclusions on the attitudes or opinions of all the senior citizens of Ontario. It is rather a grouping of sentiments expressed by readers who responded to the Council's challenge of sharing their experiences. It is a first hand account of seniors' attitudes towards themselves and others.

We, on the Council, have learned a great deal from the writers—especially that they are diverse individuals with one common bond—age. We also found that the responses were honest and unique and would reveal to the younger generations the real feeling of aging.

The three sections of this booklet, The Image of the Elderly, The Environment and The Social Roles, attempt to present different viewpoints on specific concerns and issues.

The Image of the Elderly deals with myths and stereotypes of the aged, with positive self-image and involvement in life. The Environment discusses living conditions, maintenance of independence, community and family life, social environment and attitudes. The Social Roles analyzes seniors' positions in our society and the advantages of years of experience.

We sincerely hope that "Seniors Tell All" will be a positive step in helping younger generations gain a better understanding of older adults. The booklet's distribution included Directors of Education in Ontario and many educational institutions.

Position Paper on the Need for a Cental Agency for the Aged

The Ontario Advisory Council on Senior Citizens in exercising its mandate of reviewing the current policies which have a bearing on aging is gravely concerned with the lack of a central focal point in the Ontario Government for co-ordination of policies, programs and information pertaining to the aged and the process of aging.

The establishment of the Ontario Youth Secretariat in the early 1970's showed initiative on the part of the government through a creation of an office where youth issues could be focused. A similar progressive step was taken in the establishment of an

Office of Provincial Co-ordinator, Rehabilitation Services for the Handicapped.

The Council firmly believes that there is a demonstrated and urgent need for the creation of a central agency for the aged. This belief is based on a number of factors:

- a) Demographic forecasts indicate a steady increase of the elderly in Ontario i.e. triple the present 840,000 in the next fifty years.
- b) The closure of the former Senior Citizens Bureau and Office on Aging, which was recognized by many as a focal point for seniors' affairs resulted in a central agency for the elderly being totally eliminated. While this office did not have a total "overview", it did provide valuable assistance to government and private agencies on matters pertaining to the aged. The closure resulted in the Advisory Council on Senior Citizens receiving considerable comment from various communities expressing dissatisfaction with the loss of an identifiable office for the aged.
- c) The steadily growing number of groups of elderly seeking advice and information are increasingly turning to the Advisory Council on Senior Citizens. While every attempt is made to provide information it deters the Council from executing its mandate as a policy advisor. When an appointed body such as the Council is being forced into provision of programs it becomes very apparent that there is an urgent need for an identifiable government office for the aged.

To this end, the Ontario Advisory Council on Senior Citizens recommends that:

THE GOVERNMENT OF ONTARIO ESTABLISH A CENTRAL AGENCY FOR MATTERS PERTAINING TO THE AGED AND THE PROCESS OF AGING UNDER THE SECRETARIAT FOR SOCIAL DEVELOPMENT.

The structure of such an agency could take the form of an Office, a Secretariat or a Bureau based on the discretion of the province. The need should be recognized however, for this central agency to have a clearly defined role and be adequately staffed.

The Council further recommends that the main functions of a central agency for the aged include the following:

1. Co-ordination of Services to Seniors through direct liaison with ministries and agencies involved in programming for seniors;
2. Development and co-ordination of policies affecting Ontario's older population;
3. Long range planning including the collection of data, reports and studies relevant to the aged;
4. An education role in conducting workshops, seminars or discussion groups for ministries dealing with the aged and organizations involved in the field of aging;
5. Liaison and consultation with community based organizations concerned with the aged;
6. Production and publication of specialized materials for the aged and aging such as

guides, manuals, pamphlets, brochures and press releases;

7. Co-ordination of special projects for the aged such as Senior Citizens' Week or events not ordinarily handled by a ministry;
8. Evaluation and monitoring of programs for senior citizens;
9. A key role in the development of new research in the field of aging;
10. A role as a "clearing house" for information and data on the aged including access to information at local, national and international levels;
11. A chairmanship role for pertinent interministerial committees acting on behalf of the aged or special projects teams;
12. Co-ordination and long range planning for long term care.

The above position paper includes descriptive material on offices on aging in existence outside Ontario. One model is the National Association of State Units on Aging, Washington, D.C., a membership organization representing and acting on behalf of 57 State Units on Aging, which cover all 50 States including Territories and the Marianna Islands. The second model is the Senior Citizens Bureau, Social Services and Community Health Department, Alberta. Its key functions are: provision of information, consultation as requested, collection of information and data for planning and program development and the encouragement for co-ordination among provincial government programs relating to seniors. The Bureau also administers grants for education in gerontology and geriatrics and for some special projects.

Reimbursement for Volunteers

At the March 11th, 1981 meeting of Council a copy of a letter was read to members concerning the initiation of a pilot project of the Ministry of Community and Social Services through which funds will be made available to a senior citizens organization in Scarborough for limited out-of-pocket expenses for senior volunteers. These funds will be primarily directed at transportation costs. While a program, Senior Volunteers in Public Service, is already in place in centres with a population of 25,000 or less to pay for out of pocket expenses, no similar program exists for larger centres in the province.

In an ensuing discussion concerning the issue of payment for out of pocket expenses for volunteers, members centred in on the difficulties currently being experienced by many volunteer organizations with respect to out-of-pocket expenses for volunteers. Many organizations are losing volunteers who are more than willing to participate but due to the high cost of gasoline and other sundry expenses, are no longer able to do so. This problem, Council members believe, is fairly widespread and is a real cause for concern for many support programs throughout the province.

For the reasons stated above, members felt that strong consideration should be given to developing

new government policies that will immediately address the concern of the loss of senior volunteers. It seems apparent that there are still many senior volunteers who are willing to participate but who are unable to offer their services in light of rising costs. The initiatives the province has shown in developing support services are most commendable but if they are to continue to thrive, something must be done

towards the reimbursement of out-of-pocket expenses, particularly with respect to fuel costs for private cars. As well, consideration should be given to tax credit incentives for senior volunteers who have taxable incomes.

The Council requested the opportunity to meet with the Minister of Community and Social Services to discuss this issue.

Recommendations

Ontario Guardianship Act

In January 1981 the Advisory Council set up a special Task Group to review the Jury's Recommendations pertaining to the Lillian Hess case.

When reviewing the recommendations a key factor emerged with respect to the competence of an individual making decisions. In effect, this type of situation may potentially affect many older adults. While the Lillian Hess case drew significant publicity due to unusual circumstances, some similar incidents may be left unnoticed.

At the present time decisions on behalf of an individual unable to act on his own behalf can be made by a second party by means of a power of attorney or a declaration of mental incompetence. While the Advisory Council has no argument with the existing methods, it strongly believes that an additional category of protection should be implemented in view of some complexities and social stigma experienced in the present system.

To this effect on January 20, 1981 Council recommended to the Honourable Margaret Birch that the Province of Ontario include the category of Guardianship under the Health Protection Act.

On March 18, 1981 after further study, the Council submitted an additional and more detailed recommendation entitled the Proposed Guardianship Act, which reads as follows:

WHEREAS there exists in Ontario an unknown number of people, including senior citizens, who are unable to care for themselves which puts them in danger of being neglected, abused, victimized or exploited, in short, they are "adults in need of protection",

WHEREAS many people, including senior citizens, are usually willing and able to accept assistance from family members, relatives or outsiders, yet there exist situations in which "adults in need of protection" are unable to make reasonable judgments regarding their welfare, and thus cannot be protected, or provided with care,

WHEREAS the Coroner's Jury verdict in the well-publicized case of Lillian Hess in Toronto, made the following recommendation: "That the Province . . . at the Provincial or Municipal Level . . . provide an individual who could take on the role of partial or complete guardian under circumstances which appear less drastic than those envisaged by the Mental Health Act, and the Mental Incompetency Act",

WHEREAS in Ontario an adult, if mentally competent, can appoint another person to take care of his estate, and while that document gives the attorney control over the person's estate, it does not give them control over the care of the person,

WHEREAS in Ontario, if an adult is mentally incompetent, there are two existing remedies under the Mental Incompetency Act and the Mental Health

Act, which are time-consuming, cumbersome, expensive, permanent, drastic, and require costly court hearings. Many physicians, psychiatrists and other caring professionals, are reluctant to use these at present, not to mention relatives who find the connotations of mental incompetence unattractive and thus refuse to resort to these solutions,

WHEREAS "adults in need of protection" should not have their rights abrogated without the protection or supervision of the Courts,

WHEREAS there exists legislation providing for the appointment of full or partial guardianships in other provinces, namely Alberta and Newfoundland, the Ontario Government has formed an Interministerial Committee to study guardianship, and this report is expected in the near future,

WHEREAS any Guardianship Act should encompass the following principles:

- a) The Court shall make a guardianship order only where the person is unable to care for himself and unable to make reasonable judgments in respect of matters relating to his welfare.
- b) The Court shall not order a full guardianship unless a partial guardianship is insufficient to meet the needs of the person.
- c) The guardian shall act in the best interests of the person and shall have the duty to encourage the person to take care of himself and to become capable of making reasonable judgments relating to his welfare.
- d) The guardianship order shall be reviewed from time to time by the Court to ensure it is reasonable, and to ensure that the guardian is complying with its terms.
- e) An appeal process be available to persons found to be the "adult in need of protection", and

WHEREAS it is in the best interests of all adults, especially those in "need of protection" that a mechanism be introduced in Ontario to provide for the flexible, temporary or supportive guardianship of adults who are unable to care for themselves and unable to make reasonable judgments affecting their welfare,

THEREFORE the Ontario Advisory Council on Senior Citizens recommends that:

THE ONTARIO GOVERNMENT INTRODUCE A GUARDIANSHIP ACT WHICH WOULD PROVIDE FOR A COURT SUPERVISED PROCEDURE FOR THE PROTECTION OF "ADULTS IN NEED OF PROTECTION" BY MEANS OF A PARTIAL OR COMPLETE GUARDIANSHIP, WHICH IS BOTH TEMPORARY AND FLEXIBLE.

Establishment of a Task Force to Study Present Policies in Long-term Care Facilities

The Ontario Advisory Council on Senior Citizens has, since its inception, been always concerned about long term care provision for seniors in this province.

While the Council recognizes that, comparatively, Ontario has made many advances in the area of health and social services, there still exists a grave situation of inequities. In order to evaluate this situation, the following recommendation was submitted to the Honourable Margaret Birch on March 19, 1981:

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT THE SECRETARY FOR SOCIAL DEVELOPMENT ESTABLISH A TASK FORCE TO STUDY THE PRESENT POLICIES PERTAINING TO NURSING HOMES, HOMES FOR THE AGED AND CHARITABLE INSTITUTIONS IN ONTARIO

THIS STUDY SHOULD EXAMINE AND ENSURE UNIFORM AND CONSISTENT ACCESSIBILITY, STANDARDS OF CARE AND ACCOUNTABILITY TO OVERCOME THE PRESENT INEQUITIES THAT EXIST IN THE NURSING HOMES AND HOMES FOR THE AGED AND CHARITABLE INSTITUTIONS IN THE PUBLIC AND PRIVATE SECTOR.

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RESPECTFULLY ASKS FOR THE PRIVILEGE TO ADVISE ON THE MAKE-UP OF MEMBERSHIP AND TERMS OF REFERENCE OF THE TASK FORCE.

The above recommendation is based on the Council's firm belief that seniors requiring long term care are entitled to receive uniform care regardless of their income and geographical location.

The Council is especially concerned with the present situation whereby the three major providers of care, i.e. Nursing Homes, Homes for the Aged and

Charitable Institutions are functioning under three sets of legislation and varied administrative guidelines. In theory, the providers are to serve the same client group, however in practice the services, legislation they operate under, and public accountability differ vastly.

The Council also believes that the proposed Task Force should examine the whole area of future long term care requirements as it relates to demographic projections to ensure that the number of long term care beds is adequate in meeting the needs of the increasingly growing numbers of seniors in Ontario.

Trust Accounts of Nursing Home Residents

It has been drawn to the attention of the Ontario Advisory Council on Senior Citizens that the legislation in respect to the establishment of Trust Accounts for residents differs in Nursing Homes and Homes for the Aged and Charitable Institutions. A trust account established by an Administrator of a Nursing Home is required to be a non-interest bearing account, while the Administrator of a Home for the Aged is required to maintain an interest bearing account.

It is therefore recommended by the Ontario Advisory Council on Senior Citizens that:

IN THE INTERESTS OF CONSISTENCY OF LEGISLATION, AND THE FINANCIAL BENEFIT OF THE RESIDENT OF A NURSING HOME, IMMEDIATE STEPS BE TAKEN TO AMEND THE CURRENT LEGISLATION, IN PARTICULAR SECTION 97 "TRUST ACCOUNTS" TO PROVIDE THAT SUCH A TRUST ACCOUNT BE ESTABLISHED AND MAINTAINED AS AN INTEREST BEARING ACCOUNT, AND THAT INDIVIDUAL ACCOUNTS BE ESTABLISHED SO THAT THE INTEREST INCOMES BE PAYABLE TO THE BENEFIT OF THE RESIDENTS.

The above recommendation was submitted to the Honourable Margaret Birch who forwarded it to the Ministry of Health for their consideration and response.

Especially for Seniors

When the first edition of "Especially for Seniors" appeared in June 1975, it was a four-page newsletter. The front page featured the formation and the purpose of the Ontario Advisory Council on Senior Citizens and urged all Ontario seniors to take full advantage of this new vehicle for sharing ideas. The other three pages offered advice and accounts of interesting ideas and events.

In the following five years the purpose of the newsletter has not changed but the size and the content have. The Advisory Council tries to offer information that would be of value to the increasing numbers of older citizens in both rural and urban settings. By telephone and letter a large proportion of Ontario seniors have, in turn, told the Council about their problems and their pleasures. The Council has drawn from these personal experiences in preparing reports and briefs to the government, advocating proposals which would alleviate some of the hardships expressed by seniors.

To a fair degree, the early letters were requests for assistance. Our readers asked for the names of people, government ministries or social agencies who could meet their particular individual needs. Through the newsletter the seniors were encouraged to answer questionnaires or write essays which were extremely beneficial to the Advisory Council in learning what facts and opinions expressed most clearly the conditions which affected seniors' lives.

A great many suggestions have been received regarding the format and the substance of the newsletter. Original poems and verses, community projects, personal opinions and requests for pen pals came in great numbers at first, and still are part of our mail. Because our space is limited to eight pages, very few of these contributions can be used. "Especially for Seniors" is a quarterly publication dealing with information pertinent to all Ontario seniors. Advertising and current events are left for club bulletins and local newspapers, which can be set up or revised in a short period of time.

There has been a noticeable change in the attitudes expressed by our readers. Recent letters indicate a greater awareness of sharing and participation in community activities. Correspondents tell of ambitious programs, educational and social projects, conferences with other age groups working toward neighbourhood improvements and many more. Seniors have the experience and the time to devote to long-range planning; the younger generations provide the physical energy. Both contribute their enthusiasm and new ideas: both work well together, with a deeper understanding of each other's capabilities.

Greater emphasis is being placed on studies and courses on Aging and Preparation for Retirement. Pensioners themselves are returning to the classroom to "stretch their minds". The magic age of sixty-five doesn't signal the end of the road. Reduced income or restricted mobility seems to have little deterrent effect on men and women who are determined, not only to control their own lives, but also to enrich them. Seniors who have suffered deep sorrow or hardship seem to be more aware of the beauty, the opportunities and the humour available to those who look for it.

By the end of 1980, twenty-one editions of "Especially for Seniors" have been distributed. The complimentary letters from our readers encourage the Advisory Council to make the newsletter timely and informative. The critical letters are reminders that the paper can always be improved. Because it is mailed free of charge to all Ontario seniors, the newsletter is not subject to wide fluctuations in readership. In actual fact, circulation increases immensely every year, to serve the interests of the increasing number of people sixty-five and over, whose ages span over thirty years. Those senior years represent a wealth of spirit and thought. The newsletter is one means of channelling seniors' experience, resourcefulness and vitality into creative action throughout Ontario.

Council Guests

Date	Name	Agency
May 1980	Maureen Powers	Executive Director, Registered Nurses Association of Ontario
	Reverend Bill Shaver	Chairman, Life Long Learning Committee, and Co-ordinator, Teaching-Learning Communities Project, Kingston, Ontario
	Mrs. Corabel Penfold	Member of the Federal Advisory Council on Aging
October 1980	Mrs. Corabel Penfold	Member of the Federal Advisory Council on Aging
	Mrs. Edith Harvie	Maritimes Vice-President of Canadian Pensioners Concerned Inc.
December 1980	Dr. Rory Fisher	Sunnybrook Hospital
	Dr. Liliias Beale	Ministry of Health
	Mr. Don Fulton	Christian Science Observer (Observer)
January 1981	Mr. John Maynard	Executive Director, Nursing Homes Association of Ontario
	Mr. R. Gardiner	President Elect, Nursing Homes Association of Ontario
	Mr. Nick Manherz	Executive Director, Ontario Homes for the Aged Association
	Mr. Jack Longman	Chairman, Ontario Advisory Council on the Physically Handicapped Former Council Chairman
March 1981	Miss Hope Holmested	
	Mrs. Kay Fletcher	Canadian Pensioners Concerned, Inc. President of Ontario Division
	Mr. John Van Waggoner	President, United Senior Citizens of Ontario

Council Publications

- * HOW TO GET AROUND
—A Guide for Senior Citizens in Developing Transportation Services/APRIL 1978
- * THROUGH THE EYES OF OTHERS/JUNE 1979
—Discussion Paper
- * A GUIDE TO COMMUNITY SUPPORT SERVICES/MAY 1980
- * TOWARDS AN UNDERSTANDING OF THE RURAL ELDERLY/AUG 1980
—Research Study
- * DYING: TOWARDS A BETTER UNDERSTANDING/SEPT 1980
—Discussion Paper
- * SENIORS TELL ALL/NOV 1980
—Seniors views and attitudes towards life in general
- * DENTAL CARE NEEDS OF ONTARIO'S SENIORS/DEC. 1980
—Position Paper

COUNCIL BROCHURE (ENGLISH/FRENCH)
—Description of Council's Role/JUNE 1980

REGIONAL VISITS OF COUNCIL:
—Kitchener-Waterloo/APR. 12-13, 1977
—Niagara/JUNE 20-22, 1977
—Ottawa-Carleton/APR. 17-19, 1978
—Thunder Bay and Dryden/AUG. 27-29, 1979
—Brantford/OCT. 16, 1979
—Kingston/MAR. 3-5, 1980
—Kapuskasing/JUNE 2-3, 1980
—London and Chatham/NOV. 18-19, 1980

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Publications du Conseil

- * HOW TO GET AROUND (AVRIL 1978)
—Un guide à l'usage des personnes âgées pour la mise au point de services de transport
- * THROUGH THE EYES OF OTHERS (JUN 1979)
—Document de travail
- * A GUIDE TO COMMUNITY SUPPORT SERVICES (MAI 1980)
- * TOWARDS AN UNDERSTANDING OF THE RURAL ELDERLY (AOÛT 1980)
—Rapport de recherche
- * DYING: TOWARDS A BETTER UNDERSTANDING (SEPTEMBRE 1980)
—Document de travail
- * SENIORS TELL ALL (NOVEMBRE 1980)
—Points de vue des personnes âgées et leurs attitudes face à la vie
- * DENTAL CARE NEEDS OF ONTARIO'S SENIORS (DÉCEMBRE 1980)
—Document de prise de position
- BROCHURE DU CONSEIL (FRANÇAIS-ANGLAIS)
—Description du rôle du Conseil (JUN 1980)
- VISITES RÉGIONALES DU CONSEIL
—Kitchener-Waterloo, les 12 et 13 avril 1977
—Niagara, les 20, 21 et 22 juin 1977
—Ottawa-Carleton, les 17, 18 et 19 avril 1978
—Thunder Bay et Dryden, les 27, 28 et 29 août 1979
—Brantford, le 16 octobre 1979
—Kingston, les 3, 4 et 5 mars 1980
—Kapuskasung, les 2 et 3 juin 1980
—London et Chatham, les 18 et 19 novembre 1980
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Invités du Conseil

Date	Nom	Affiliation
Mai 1980	Mme Maureen Powers	Directeur administratif, Association des infirmières diplômées de l'Ontario
	Rév. Bill Shaver	Président du Life Long Learning Committee et coordonnateur du Teaching-Learning Communities Project, Kingston, Ontario
	Mme Corabel Penfold	Membre du Conseil consultatif fédéral sur l'âge d'or
Octobre 1980	Mme Corabel Penfold	Membre du Conseil consultatif fédéral sur l'âge d'or
	Mme Edith Harvie	Vice-présidente pour les Maritimes de Canadian Pensioners Concerned Inc.
	Dr Rory Fisher	Hôpital Sunnybrook
	Dr Liliias Beale	Ministère de la Santé
	M. Don Fulton	Christian Science Observer (observateur)
Janvier 1981	M. John Maynard	Directeur administratif, Association des maisons de soins infirmiers de l'Ontario
	M. R. Gardiner	Président élu, Association des maisons de soins infirmiers de l'Ontario
	M. Nick Manherz	Directeur administratif, Association des foyers pour personnes âgées de l'Ontario
	M. Jack Longman	Président, Conseil consultatif de l'Ontario sur les handicapés physiques
Mars 1981	Mlle Hope Holmsted	Ancienne présidente du Conseil
	Mme Kay Fletcher	Présidente pour l'Ontario de Canadian Pensioners Concerned Inc.
	M. John Van Waggoner	Président, United Senior Citizens of Ontario

Le premier numéro de "Especially for Seniors" parassait en juin 1975; c'était un simple bulletin de quatre pages. On annonçait en couverture la formation et le but du Conseil consultatif de l'Ontario sur l'âge d'or et on incitait tous les Ontariens du troisième âge à tirer avantage du nouvel organe pour échanger des idées. Les trois autres pages contenaient des conseils opportuns, rapportaient certains événements et livraient quelques idées à la réflexion des lecteurs.

Au cours des cinq années qui ont suivi, le bulletin a conservé le même but, mais sa présentation et son contenu ont subi des modifications. Le Conseil consultatif s'efforce de donner une information qui soit profitable aux citoyens âgés qui se font de plus en plus nombreux dans les milieux tant ruraux qu'urbains. Les appels téléphoniques et la correspondance d'un grand nombre d'Ontariens du troisième âge ont renseigné le Conseil sur les difficultés et les joies qu'éprouvent les lecteurs. Il a tiré de ces expériences personnelles le sujet de plusieurs rapports et mémoires présentés au gouvernement pour corriger certains torts ou certaines lacunes signalés par les personnes âgées.

Les premières lettres étaient en bonne partie des demandes d'aide. Les lecteurs voulaient connaître les personnes, les ministères ou les agences sociales aptes à satisfaire des besoins très particuliers. Par le truchement du bulletin, les personnes âgées se voyaient invitées à répondre à des questionnaires ou à soumettre des articles qui, dans une large mesure, ont permis au Conseil consultatif de recueillir des faits et des opinions qui exprimaient clairement la condition dans laquelle vivaient les citoyens du troisième âge.

Nous avons reçu beaucoup de suggestions touchant la présentation et le contenu du bulletin. Au début, le courrier apportait des poèmes originaux et des vers, des comptes rendus de projets communautaires, des opinions personnelles et des appels lancés à des correspondants éventuels et, d'ailleurs, il en est toujours ainsi. Toutefois, l'espace étant limité à huit pages, le bulletin ne reproduit qu'un très petit nombre de ces envois. "Especially for Seniors" paraît trimestriellement et diffuse une information qui intéresse tous les citoyens âgés de l'Ontario. La publicité et les actualités sont plutôt du ressort des bulletins de clubs et des journaux locaux dont la mise en pages se fait et se modifie très rapidement.

Le Conseil note une évolution intéressante dans l'attitude des lecteurs du bulletin. Les lettres récentes manifestent une volonté plus grande de participer aux activités communautaires. Les correspondants exposent des programmes ambitieux, des projets éducatifs et sociaux, des conférences auxquelles participent d'autres groupes d'âge et portant sur des améliorations locales et beaucoup d'autres initiatives. Les personnes du troisième âge ont l'expérience et le temps qu'il faut pour faire de la planification à long terme; les générations montantes peuvent apporter la force physique qu'exige la réalisation. Les uns et les autres injectent dans les entreprises communautaires leur enthousiasme et des idées nouvelles; ils travaillent de concert et en viennent à mieux apprécier ce que chacun peut réaliser dans la sphère de son expérience et de sa compétence.

On note un intérêt accru pour les études et les cours sur le vieillissement et la préparation à la retraite. Les retraités eux-mêmes retournent en classe pour se tenir l'esprit alerte. Les soixante-cinq ans fatidiques ne marquent ni un terme ni un aboutissement. Un revenu modeste ou une mobilité restreinte ne saurient modérer l'élan d'hommes et de femmes qui ont à cœur non seulement d'assumer leur propre existence, mais surtout de l'enrichir. Les personnes âgées qui ont souffert ou qui ont traversé de grandes épreuves semblent encore plus sensibles à la beauté qui les entoure, au bonheur qui les sollicite et à l'humour qui se manifeste spontanément si on y est attentif.

À la fin de 1980, 21 numéros de "Especially for Seniors" avaient été publiés. Les lettres élogieuses des lecteurs incitent le Conseil à rendre le bulletin encore mieux adapté et plus informatif. Les lettres critiques lui rappellent qu'il est toujours possible d'améliorer la formule. Puisqu'il est expédié gratuitement à toutes les personnes âgées de l'Ontario, le bulletin ne connaît pas de fluctuation importante de tirage. Toutefois, ce tirage augmente appréciablement d'année en année pour servir les intérêts d'une population croissante dont l'âge s'étend sur trois décennies. Ces années de l'âge d'or représentent une richesse incomparable de pensée et de réflexion. Le bulletin est un moyen valable de canaliser l'expérience, les ressources et la vitalité des personnes âgées pour en tirer une action créatrice à travers tout l'Ontario.

QUE LE GOUVERNEMENT DE L'ONTARIO
ADOpte UNE LOI DE MISE EN TUTELLE QUI
PRÉVOIE UNE PROCÉDURE JUDICIAIRE SOUS
LA SURVEILLANCE D'UN TRIBUNAL, POUR
PROTÉGER LES ADULTES QUI ONT BESOIN DE
PROTECTION EN LEUR IMPOSANT UNE
TUTELLE ABSOLUE OU MITIGÉE QUI SOIT EN
MÊME TEMPS PROVISOIRE ET SOUPLE.

Création d'un groupe de travail pour étudier la présente politique sur les services de soins prolongés

Depuis son institution, le Conseil consultatif de l'Ontario sur l'âge d'or s'est toujours préoccupé des soins offerts aux citoyens du troisième âge dans cette province. Le Conseil reconnaît volontiers que l'Ontario a fait beaucoup de progrès dans le domaine des services sociaux et de santé si on considère ce qui se fait ailleurs. Toutefois, il subsiste encore des situations injustes à l'égard de certains citoyens. Pour mieux cerner ces situations, le Conseil a adressé à l'honorable Margaret Birch, le 19 mars 1981, la recommandation suivante :

LE CONSEIL CONSULTATIF DE L'ONTARIO SUR L'ÂGE D'OR RECOMMANDÉ QUE LE SECRÉTAIRE AUX AFFAIRES SOCIALES METTE SUR PIED UN GROUPE DE TRAVAIL QUI ÉTUDIE LA POLITIQUE ACTUELLE SUR LES MAISONS DE SOINS INFIRMIERS, LES FOYERS POUR PERSONNES ÂGÉES ET LES ORGANISMES DE BIENFAISANCE. L'ÉTUDE DEVAIT EXAMINER COMMENT OBTENIR DES SOINS UNIFORMES, ACCESSIBLES À TOUS SANS AUCUNE DISTINCTION ET CONFORMES À CERTAINES NORMES, ET QUEL RÉGIME DE REDDITION DE COMPTES IL FAUDRAIT ADOPTER POUR CORRIGER LES PRÉSENTES INJUSTICES QU'ON OBSERVE DANS LES MAISONS DE SOINS INFIRMIERS, LES FOYERS POUR PERSONNES ÂGÉES ET LES ORGANISMES DE BIENFAISANCE TANT PUBLICS QUE PRIVÉS.

LE CONSEIL CONSULTATIF DE L'ONTARIO SUR L'ÂGE D'OR DEMANDE RESPECTUEUSEMENT AU MINISTRE DE LUI ACCORDER LE PRIVILÈGE DE LE CONSEILLER SUR LA COMPOSITION ET LE MANDAT DU GROUPE DE TRAVAIL PROPOSÉ.

Cette recommandation reflète la conviction du Conseil que les personnes âgées ayant besoin de soins prolongés ont droit de recevoir les mêmes soins, sans égard à leur revenu ou à la localité qu'ils habitent. Le Conseil s'inquiète particulièrement de la situation présente où trois grandes catégories d'établissements, soit les maisons de soins infirmiers, les foyers pour personnes âgées et les organismes de bienfaisance relèvent d'autant de législations ainsi que de directives administratives tout à fait disparates. Théoriquement, ces établissements doivent servir la même clientèle mais, en pratique, les services qu'ils produisent, la législation qui les régit et le régime de reddition de comptes diffèrent énormément d'une catégorie à l'autre. Le Conseil est également d'avis que le groupe de travail proposé devrait considérer tout le secteur des besoins futurs en soins prolongés à la lumière des projections démographiques, pour faire en sorte que le nombre de lits réservés aux cas chroniques satisfasse adéquatement les besoins d'une population âgée qui s'accroît rapidement en Ontario.

Comptes en fidéicomis des résidents des maisons de soins infirmiers

On a porté à l'attention du Conseil consultatif que la législation concernant l'ouverture d'un compte en fidéicomis pour les résidents diffère selon qu'il s'agit d'une maison de soins infirmiers, d'un foyer pour personnes âgées ou d'un organisme de bienfaisance. Ainsi, si l'administrateur d'une maison de soins infirmiers ouvre un tel compte, celui-ci ne doit pas rapporter d'intérêt, tandis que l'administrateur d'un foyer pour personnes âgées se voit obligé de maintenir un compte qui en rapporte.

AFIN DE RENDRE LA LÉGISLATION UNIFORME ET ASSURER AUX RÉSIDENTS DES MAISONS DE SOINS INFIRMIERS LES AVANTAGES FINANCIERS AUXQUELS ILS ONT DROIT, LE GOUVERNEMENT PRENNE IMMÉDIATEMENT LES DISPOSITIONS VOULUES POUR AMENDER LA LOI EXISTANTE ET, PARTICULIÈREMENT, LA SECTION 97 "TRUST ACCOUNTS", AFIN QUE LES COMPTES EN FIDÉICOMIS RAPPORTENT DÉSORMAIS DE L'INTÉRÊT ET QUE CELUI-CI SOIT VERSÉ AUX RÉSIDENTS TITULAIRES DE TELS COMPTES.

Cette recommandation a été soumise à l'honorable Margaret Birch qui l'a acheminée au ministère de la Santé lui demandant de la considérer et d'agir en conséquence.

Ontario Guardianship Act
(Loi sur la mise en tutelle)

En janvier 1981, le Conseil consultatif a institué un groupe de travail pour examiner les recommandations du jury dans l'affaire Lillian Hess.

L'examen a révélé que la question clé dans cette affaire touchait l'aptitude d'un individu à prendre des décisions. En fait, un nombre appréciable de personnes âgées pourraient se trouver dans une situation analogue. L'affaire Lillian Hess a fait les manchettes en raison des circonstances exceptionnelles qui l'entouraient mais, autrement, des événements de même nature pourraient fort bien passer inaperçus.

À l'heure présente, une partie désignée, munie d'une procuration, peut prendre des décisions au nom d'une personne privée de sa capacité juridique par suite de l'affaiblissement de ses facultés. Le Conseil consultatif ne s'oppose pas à cette disposition de la loi, mais il est convaincu qu'il y aurait lieu d'instituer un cadre de protection d'un autre ordre pour obvier aux complexités juridiques et aux préjugés liés au présent système.

Le 20 janvier 1981, le Conseil a donc recommandé à l'honorable Margaret Birch que la province de l'Ontario inclue la mise en tutelle dans la loi sur la protection de la santé.

Le 18 mars 1981, à la suite d'une étude plus approfondie, le Conseil a soumis une nouvelle recommandation qui apporte des précisions et qui s'intitule "The Proposed Guardianship Act". En voici la teneur :

ATTENDU QUE l'Ontario compte un nombre indéterminé de personnes, dont certaines sont âgées, qui ne peuvent prendre soin d'elles-mêmes, et que cette situation les expose à la négligence, aux abus, à l'exploitation et aux vexations de toute sorte, ce qui en fait des adultes ayant besoin de protection, et

ATTENDU QUE bien des personnes, dont certaines du troisième âge, sont habituellement disposées à accepter l'aide de leurs proches ou même d'étrangers et que, par ailleurs, on connaît des situations où des personnes ayant besoin de protection sont incapes à exercer un jugement convenable en ce qui touche leur bien-être et donc ne jouissent pas de la protection ou ne reçoivent pas les soins dont elles ont besoin, et

ATTENDU QUE, dans son verdict, le jury du Coroner dans l'affaire désormais célèbre de Lillian Hess, à Toronto, a recommandé que : "la province . . . soit au niveau provincial, soit au niveau municipal . . . nomme un citoyen qui puisse assumer le rôle de tuteur absolu dans des circonstances moins graves que celles qu'envisagent ou mitige la loi sur la santé mentale et la loi sur l'incapacité mentale et,

ATTENDU QUE l'Ontario un adulte frappé d'incapacité mentale peut désigner une autre

personne pour administrer ses biens et puisque le document qui en fait foi donne au curateur le pouvoir de gérer les biens sans pourtant lui confier la garde de la personne, et

ATTENDU QUE l'Ontario, si un adulte est frappé d'incapacité mentale, on peut recourir aux dispositions de la loi sur l'incapacité mentale ou de la loi sur la santé mentale qui imposent des procédures lourdes, lentes et dispendieuses et dont l'application est de nature permanente et absolue et exige un appareil judiciaire qui coûte cher, ce qui dissuade bon nombre de médecins, psychiatres et autres professionnels chargés du bien-être des individus de faire appel à de telles procédures, sans compter l'attitude des proches qui ne présentent guère les connotations péjoratives de l'incapacité mentale et refusent d'adopter de telles solutions, et

ATTENDU QUE les adultes ayant besoin de protection ne devraient pas être exposés à voir leurs droits révoqués sans bénéficier de la protection et de la surveillance du tribunal, et

ATTENDU QUE d'autres provinces, entre autres l'Alberta et Terre-Neuve, ont adopté des lois qui autorisent la désignation de tuteurs absolus ou mitigés et que le gouvernement de l'Ontario a formé un comité interministériel pour étudier la tutelle, dont le rapport est attendu sous peu, et

ATTENDU QUE toute loi sur la mise en tutelle devrait englober les principes suivants :

- a) Le tribunal n'émètera d'ordre de mise en tutelle que pour des personnes incapes à s'occuper d'elles-mêmes ou à exercer un jugement convenable en ce qui touche leur bien-être.
- b) Le tribunal n'émètera pas d'ordre de mise en tutelle absolue à moins qu'une tutelle mitigée ne suffise pas à protéger adéquatement la personne.
- c) Le tuteur agira dans le meilleur intérêt de la personne confiée à sa garde et aura à cœur de l'inciter à s'occuper d'elle-même et à en venir à exercer un jugement convenable en ce qui touche son bien-être.
- d) Le tribunal réexaminera de temps à autre l'ordre de mise en tutelle pour s'assurer qu'il convient toujours à la situation et que le tuteur se conforme aux conditions énoncées.
- e) La personne réputée avoir besoin de protection doit avoir le privilège de recourir à une procédure d'appel, et

ATTENDU QU'IL y va de l'intérêt de tous les adultes et, particulièrement, de ceux qui ont besoin de protection qu'on institue en Ontario un mécanisme qui garantisse une tutelle souple, provisoire et à l'avantage des adultes incapes à s'occuper d'eux-mêmes ou à exercer un jugement convenable en ce qui touche leur bien-être,

À TOUTES CES CAUSES le Conseil consultatif de l'Ontario sur l'âge d'or recommande :

formation en g r ntologie et en g r trie ainsi que certains projets sp ciaux.

Indemnisation des b n voles

  sa r union du 11 mars 1981, le Conseil a pris connaissance d'une lettre concernant un projet pilote introduit par le ministre des Services sociaux et communautaires et qui pr voit l'indemnisation des b n voles, par l'entremise des organismes du troisi me  ge de Scarborough, pour les menues d penses qu'entra nent leurs activit s. Cette indemnisation est surtout destin e   d frayer les b n voles du co t du transport. On sait que le programme d'entraide des b n voles du troisi me  ge pr voit d'indemniser les b n voles  g s pour les menues d penses qu'ils doivent encourir dans les centres de 25 000  mes au moins; cependant, aucun programme semblable ne s'applique aux villes plus grandes de la province.

Au cours de la discussion qui a suivi, les membres du Conseil ont  t  unanimes   constater les difficult s que plusieurs organismes b n voles rencontrent   ce chapitre. Plusieurs organisations perdent des volontaires tr s engag s, mais qui ne peuvent plus assumer leur transport et autres menues d penses   cause du co t exorbitant de l'essence, en particulier. De l'avis des membres du Conseil, ce probl me est assez g n ralis  et pr occupe ceux qui administrent plusieurs programmes de soutien   travers la province.

Pour les raisons  nonc es ci-dessus, les membres du Conseil  taient d'avis que le gouvernement devrait envisager s rieusement d' laborer de nouvelles politiques pour faire face   ce probl me. Il semble bien qu'un grand nombre de volontaires qui seraient d'accord pour rendre service, ne sont plus en mesure de le faire par suite de l'augmentation indue de leurs d penses ordinaires. Les initiatives de la province dans le domaine des services de soutien sont des plus louables. Toutefois, pour qu'ils puissent progresser, il faut trouver le moyen de d frayer les b n voles de leurs menues d penses, particuli rement du co t de l'essence pour leur voiture. Il y aurait  galement lieu de consid rer une r duction fiscale pour les b n voles  g s qui ont un revenu imposable.

Le Conseil a sollicit  une entrevue avec le ministre des Services sociaux et communautaires pour l'entretenir de cette question.

4. Un r le  ducatif qui se manifeste par la tenue d'ateliers, de colloques et de groupes de discussion pour le compte des minist res qui traitent avec les personnes  g es et des organismes qui s'int ressent au troisi me  ge.
 5. Un r le de communication et de consultation avec les organismes existant au sein de la collectivit  et qui se pr occupent des personnes  g es.
 6. La production et l' dition d'une documentation sp cialis e sur le troisi me  ge et le vieillissement qui comprennent des guides, manuels, d pliants, brochures et communiqu s.
 7. La coordination de certaines activit s qui concernent sp cialement les personnes  g es, telles la semaine de l' ge d'or, ainsi que de certains  v nements dont les minist res ne s'occupent habituellement pas.
 8. Le contr le et l' valuation des programmes destin s au troisi me  ge.
 9. Un r le cl  dans le d veloppement de nouvelles recherches sur le vieillissement.
 10. Un r le de "gare de triage" pour l' change des renseignements et des donn es sur le troisi me  ge et, entre autres, le contr le de l'acc s   l'information au niveau local, national et international.
 11. La pr sidence des comit s interminist riels agissant dans l'int r t des personnes  g es ainsi que des  quipes form es pour r aliser des projets sp ciaux.
 12. La coordination et la planification   long terme des soins prolong s.
- Cette communication s'accompagne de documents sur certaines agences qui s'int ressent au troisi me  ge hors de l'Ontario. L'un des mod les propos s concerne la National Association of State Units on Aging, Washington, D.C., une association qui s' tend aux 50  tats ainsi qu'aux territoires et aux  les Mariannes. Un autre mod le est celui du Senior Citizens Bureau, Social Services and Community Health Department, Alberta. Ses fonctions principales sont de diffuser l'information, prodiguer des conseils   ceux qui en demandent, recueillir les renseignements et les donn es n cessaires   la planification et au d veloppement des programmes et, enfin, inciter les organismes provinciaux qui offrent des programmes aux personnes  g es   coordonner leurs efforts. Le bureau administre  galement les subventions   la

de l'expérience qu'ils ont du vieillissement. Espérons que cela jettera quelque lumière sur la condition de ces personnes."

Cette brochure ne se propose pas de tirer des conclusions sur les attitudes et les opinions de l'ensemble des personnes âgées de l'Ontario. C'est plutôt l'expression du sentiment des lecteurs qui ont relevé le défi du Conseil qui les invitait à partager leur expérience. Ce sont les confidences des citoyens du troisième âge sur ce qu'ils pensent des autres et d'eux-mêmes.

Les membres du Conseil ont beaucoup appris en lisant les impressions des correspondants; ils se sont rendu compte, en particulier, du fait que les personnes âgées n'ont qu'une chose en commun—l'âge. Ils ont également observé que les réponses étaient honnêtes et originales et qu'elles pouvaient révéler aux générations plus jeunes le sens véritable du mot vieillissement et la réalité qu'il cache. Les articles sont regroupés en trois chapitres qui expriment divers points de vue sur des sujets précis : l'image de la vieillesse, son environnement et ses rôles sociaux.

Le chapitre sur l'image s'attaque aux mythes et aux clichés qui entourent la vieillesse pour en donner une idée positive et faire ressortir l'engagement des individus. Le chapitre sur l'environnement traite des conditions d'existence, de l'autonomie, de la vie familiale et communautaire ainsi que des attitudes et du milieu social. Les rôles sociaux analysent la situation des personnes âgées dans notre société et montrent l'avantage que leur procure leur expérience vécue.

Nous espérons sincèrement que "Seniors Tell All" aidera effectivement les jeunes générations à mieux comprendre leurs aînés. La brochure a été distribuée, entre autres, aux directeurs des services d'éducation de l'Ontario et à plusieurs établissements d'enseignement.

Prise de position sur la nécessité de créer une agence centrale pour les personnes âgées

Le Conseil consultatif de l'Ontario sur l'âge d'or, soucieux de s'acquitter du mandat aux termes duquel il doit examiner les politiques courantes qui ont une incidence sur le troisième âge, s'inquiète sérieusement de l'absence d'un organisme central qui coordonne, au sein du gouvernement de l'Ontario, les politiques, programmes et renseignements se rapportant aux personnes âgées et au phénomène du vieillissement.

La création, au début des années 1970, du Secrétariat de l'Ontario à la jeunesse était une initiative louable de la part du gouvernement pour mettre sur pied une agence qui regroupait toutes les questions et toutes les activités concernant les jeunes. Une autre étape progressive a été franchie avec l'avènement d'un coordonnateur provincial des services de réhabilitation pour les handicapés.

Le Conseil est convaincu du besoin manifeste et urgent de mettre sur pied une agence centrale pour

les personnes âgées. Cette conviction se fonde sur plusieurs facteurs :

a) Les prévisions démographiques laissent entrevoir un accroissement constant de la population âgée en Ontario. Ainsi, cette population qui est présentement de 780 000 âmes devrait tripler d'ici 50 ans.

b) La fermeture de l'ancien Senior Citizens Bureau and Office on Aging, que d'aucuns estimaient être l'organisme central s'occupant des affaires des personnes âgées, a marqué la disparition de la seule agence centrale pour les personnes du troisième âge. Ce bureau n'avait pas de mandat global, néanmoins il était en mesure d'aider efficacement le gouvernement et les agences privées en tout ce qui touche au troisième âge. À la suite de cette fermeture, le Conseil consultatif sur l'âge d'or a reçu de nombreuses observations de la part de diverses communautés qui exprimaient leurs regrets suite à la perte d'un organisme identifiable qui servait l'intérêt des personnes âgées.

c) Les groupes du troisième âge cherchant à obtenir des conseils et des renseignements se multiplient constamment. Ils se tournent de plus en plus vers le Conseil consultatif pour recevoir de l'aide. Le Conseil fait tout ce qu'il peut pour leur fournir des renseignements, mais cela le gêne dans ses fonctions de conseiller en politique. Puisqu'un organisme désigné tel que le Conseil se voit forcé de mettre des programmes sur pied, cela indique clairement qu'il est urgent de créer un bureau gouvernemental particulier qui s'occupe du troisième âge.

À ces fins, le Conseil consultatif de l'Ontario sur l'âge d'or recommande que :

LE GOUVERNEMENT DE L'ONTARIO INSTITUTE UN ORGANISME CENTRAL POUR LES QUESTIONS QUI TOUCHENT LES PERSONNES AGÉES ET LE PHÉNOMÈNE DU VIEILLISSEMENT, SOUS L'AUTORITÉ DU SECRÉTARIAT AUX AFFAIRES SOCIALES.

Un tel organisme pourrait avoir la forme d'une règle, d'un secrétariat ou d'un bureau selon le bon plaisir de la province. Toutefois, il y a lieu de reconnaître au départ qu'une agence centrale de cette importance devrait avoir un mandat clairement défini et un personnel adéquat.

Le Conseil recommande par ailleurs que l'agence centrale proposée se voie confier les fonctions essentielles suivantes :

1. La coordination des services aux personnes âgées par l'établissement de liens directs avec les ministères et agences qui ont pour tâche de planifier les services destinés au troisième âge.
2. L'élaboration et la coordination des politiques qui touchent la population âgée de l'Ontario, qu'il s'agisse de la planification à long terme et, entre autres, la collecte de données et la publication d'études et de rapports sur la condition des personnes âgées.
3. La planification à long terme et, entre autres, la collecte de données et la publication d'études et de rapports sur la condition des personnes âgées.

Conseil, qui a fait de nombreuses observations et recommandations à ce sujet.

Le document s'appuie sur la situation actuelle en Ontario pour faire le point et soumettre des suggestions et des recommandations sur les besoins en soins dentaires.

On sait en effet que six citoyens âgés sur dix vivant au sein de la communauté ont besoin de soins dentaires et que le taux est encore plus élevé pour ceux qui font l'objet de soins prolongés en institution. Les auteurs analysent plusieurs facteurs dans le domaine des soins dentaires : a) la motivation personnelle pour se faire traiter; b) l'accessibilité des services; c) la disponibilité d'un personnel formé et (d) le coût des services.

Le Conseil consultatif est d'avis que les sujets soulevés et les préoccupations exprimées dans cette étude sont d'une importance vitale pour les citoyens du troisième âge et il a fait, en conséquence, la recommandation suivante :

NOUS PRESSONS LE GOUVERNEMENT DE L'ONTARIO DE MÊME QUE LES PRATICIENS DE L'ART DENTAIRE D'Étudier SÉRIEUSEMENT LA STRATÉGIE DE L'ADMINISTRATION DES SOINS DENTAIRES.

L'étude comprend une documentation pertinente : "Dental Care for the Elderly", David Banting, D.D.S., University of Western Ontario, commandé par l'O.A.C.S.C.; "Dental Care", extraits du rapport du groupe de travail sur les soins de santé prodigués aux personnes âgées, publié en 1978 par le Conseil de la santé de l'Ontario; "The Clinical Management of the Aging Patient : Factors in Providing Preventive and Treatment Services", David Banting, D.D.S.; les recommandations de l'United Senior Citizens of Ontario Inc.; les programmes Denticare de l'Alberta et de la Colombie-Britannique.

Seniors Tell All

Sous ce titre, les personnes âgées livrent leur façon de considérer la vie et surtout le phénomène du vieillissement.

La brochure reproduit telle quelle la réponse de plusieurs lecteurs à la question posée par le Conseil dans son bulletin "Especially for Seniors" : "Que pensez-vous du vieillissement ?

Nous sommes heureux de pouvoir vous faire

connaître les sentiments des personnes âgées. L'un des correspondants notait que seules les personnes du troisième âge sont en mesure de parler du vieillissement en connaissance de cause. Elles sont les seules en effet qui possèdent une connaissance unique dérivée directement de l'expérience.

"Beaucoup d'experts et de chercheurs ont écrit sur la mise à la retraite. Ce sont des gens dans la force de l'âge qui n'ont aucune expérience véritable du sujet qu'ils traitent. Ils s'efforcent cependant de tracer pour autrui une ligne de conduite et une philosophie. Toute leur argumentation se fonde sur la théorie, sur des idées abstraites et sur des conjectures. Il est donc grand temps que les retraités se racontent eux-mêmes à partir de la connaissance intime et

Le document présente propose une façon de prodiguer des soins aux mourants qui s'appuie sur une meilleure compréhension, d'abord, des besoins, des droits et des volontés du moribond; ensuite, du rôle et des responsabilités de ceux qui le soignent et, enfin, du secours médical et social qui le soutiendra le plus efficacement. Le document est destiné à ceux que concerne directement le soin des personnes âgées et des grands malades, qui devaient le lire et en discuter. Il s'adresse donc à l'administration hospitalière et aux établissements pour malades chroniques; aux médecins, infirmières, psychiatres, psychologues et travailleurs sociaux; aux ministres du culte et autres représentants de la religion de même qu'aux bénévoles qui oeuvrent au sein de la communauté. Cette publication intéressera également les planificateurs et les artisans de politiques dans le domaine des services sociaux ainsi que les personnes âgées et le grand public.

Cette publication pose le fondement d'une meilleure compréhension du moribond du point de vue du malade âgé, de celui des personnes qui le soignent et de celui de ses proches et des tiers qui s'occupent de lui. Tout au long de l'ouvrage, les auteurs insistent sur les besoins et les volontés du mourant. Celui-ci se situe au centre des systèmes médical et social qui sont à son service ainsi que du réseau de relations personnelles qu'il a tissé tout au long de sa vie. Si on accepte et si on se souvient de ce principe, on aura fait un grand pas dans le sens de la compassion envers les moribonds.

Au-delà de ce commentaire global, quatre objectifs précis se font jour. Notre société, c'est-à-dire les individus et les institutions qui la composent, devrait s'efforcer :

premièrement, de rendre les personnes qui soignent le moribond plus attentives à ses besoins et à ses volontés;

deuxièmement, d'offrir les réconforts physiques et émotifs qui peuvent satisfaire ces besoins et ces volontés;

troisièmement, d'inciter les personnes qui s'affairent dans l'entourage du moribond à collaborer et à communiquer entre elles et avec lui;

quatrièmement, de mettre au point des services de soins et de traitements qui satisfassent les besoins de chaque mourant et qui tiennent compte de sa situation particulière.

Les efforts qu'on aura faits pour atteindre ces objectifs auront un effet bénéfique immédiat sur les soins que recevront les moribonds.

Dental Care of Ontario's Elderly

En décembre 1980, le Conseil consultatif de l'Ontario sur l'âge d'or a publié un document faisant connaître sa position sur les besoins des personnes du troisième âge en matière de soins dentaires. Les soins dentaires pour ces personnes, les traitements préventifs ainsi que l'hygiène dentaire et buccale sont depuis longtemps à l'ordre du jour du

de services personnels et locaux adéquats, autre secteur où les personnes âgées des milieux ruraux sont défavorisées. Indépendamment de ces difficultés, plusieurs de ces citoyens sont plus actifs qu'en milieu urbain; par ailleurs, leur aptitude à vaincre les difficultés qui se posent à eux et à organiser et maintenir pour eux-mêmes des services autonomes mérite l'attention des artisans urbains des politiques et des directeurs de programmes.

Le rapport soumet, en guise de conclusion, plusieurs recommandations pour que se poursuive la recherche et l'action en faveur des citoyens âgés des régions rurales de l'Ontario.

a. Étant donné, dans cette province, la concentration des personnes âgées en milieu rural, il y aurait lieu de commander une étude pour déterminer exactement où elles se trouvent concentrées par rapport aux diverses régions de la province. Une telle étude devrait inclure des projections pour l'avenir et tenir compte des modèles de mobilité actuels.

b. Il faut aussi entreprendre des recherches sur les caractéristiques qui distinguent les citoyens âgés des milieux ruraux de ceux des milieux urbains. Les résultats de telles recherches devraient s'appliquer à l'orientation actuelle des politiques et des programmes en Ontario.

c. D'autres recherches s'imposent pour évaluer la perception qu'ont de leurs besoins et de leurs priorités les personnes âgées des milieux ruraux et pour établir des mécanismes qui les amènent à participer plus directement au processus de planification. Les résultats de telles recherches devraient servir à l'élaboration de politiques et à la planification de services et de programmes qui satisfassent adéquatement les besoins des citoyens âgés des milieux ruraux.

d. Il faudrait mieux se renseigner sur les activités rurales que les citoyens du milieu jugent d'importants facteurs de réussite. Ces expériences pourraient fort bien s'appliquer aux besoins et préoccupations d'autres groupes tant urbains que ruraux.

e. Il faudrait faire un examen méthodique des systèmes de services de santé et sociaux en milieu rural. Il y aurait lieu de considérer dans quelle mesure les personnes âgées sont au courant de ces services et l'usage qu'elles en font. Il faudrait étudier les avantages qu'il y aurait à promouvoir des modèles appropriés de services sociaux, de santé et de logement pour les personnes âgées dans diverses régions rurales. Il faudrait aussi examiner les moyens qui s'offrent d'améliorer le système d'échange de renseignements sur les services sociaux et de santé.

f. Il y aurait lieu de stimuler la recherche sur le mode de vie des personnes du troisième âge dans des milieux ruraux ontariens très particuliers, tels les villes à industrie unique, les communautés autochtones ainsi que les centres invitant à la fois le tourisme et la retraite. Il faudrait se pencher sur certaines situations particulièrement éprouvantes, celles

Dying : Towards a Better Understanding

des veuves, des familles monoparentales, des personnes retenues à domicile et de celles qui vivent d'un revenu fixe, dans tous les milieux ruraux.

Le document souleve un certain nombre de questions qu'il faudrait étudier plus en détails. Par ailleurs, il souligne un certain nombre d'aspects très positifs qui pourraient apporter des solutions aux problèmes qui concernent les personnes âgées.

Il semble qu'une des questions-clé à approfondir, qui faisait déjà l'objet de recommandations antérieures de la part du Conseil, est la création d'un modèle approprié de prestation de services qui tienne compte de la distance et de l'isolement.

De toute évidence, il nous faut mieux connaître le mode de vie des personnes âgées des milieux ruraux et savoir combien elles sont. Il faut espérer que les recommandations du document stimuleront les milieux de recherche.

Dying : Towards a Better Understanding

Notre société se préoccupe de plus en plus du traitement et des soins à apporter aux moribonds. Pour beaucoup d'entre nous, la mort ne survient pas de façon soudaine. Les personnes âgées voient d'ordinaire leur santé se détériorer graduellement pendant une période plus ou moins longue. Eventuellement, le processus du vieillissement mène l'individu à la condition de moribond; toutefois, grâce aux traitements médicaux et à d'autres formes de soins, il est possible de retarder le moment de la mort. De la même façon, certaines personnes chez qui on a diagnostiqué une maladie terminale peuvent recevoir des traitements qui retarderont le décès pendant des mois sinon des années.

Notre société a donc mis au point des techniques qui peuvent prolonger la vie d'un grand nombre d'individus; cependant, les soins et les traitements qu'on prodigue aux mourants laissent souvent beaucoup à désirer sur le plan de l'humanité. Il arrive même que des malades âgés soient victimes d'abus et de négligence déplorables. Le plus souvent, c'est parce que leur entourage ne comprend pas leurs besoins ou n'y est pas sensible ou encore parce qu'ils n'ont pas accès aux services ou aux installations appropriées qu'ils ne reçoivent pas les soins ou les traitements qu'exige leur état. Dans l'une ou l'autre situation, le résultat est le même : plutôt que d'être facile, le passage de la vie à la mort est rendu plus pénible.

Le Conseil consultatif de l'Ontario sur l'âge d'or estime que ceux qui prodiguent des soins doivent montrer plus de compassion. Les moribonds devraient recevoir tous les secours dont ils ont besoin ou qu'ils désirent, dans la mesure où les autres peuvent les leur apporter. Cette responsabilité de soulager et d'apaiser le moribond concerne tout son entourage : ceux qui le soignent et qui le traitent, ceux qui peuvent lui prodiguer un réconfort spirituel ou affectif ainsi que ses proches. Les gouvernements, organismes privés et autres institutions devraient également chercher des moyens d'améliorer les services offerts aux mourants.

A Guide to Community Support Services

Le Conseil consultatif de l'Ontario sur l'âge d'or a préparé cette brochure pour aider les citoyens du troisième âge à demeurer au sein de la communauté aussi longtemps qu'il est désirable et pratique de le faire.

Près de 92 pour cent des personnes âgées de l'Ontario, quelle que soit l'époque considérée, vivent de façon autonome, soit avec leur famille, soit avec des amis, au sein de la communauté. Elles désirent demeurer dans leur milieu familial et prendre elles-mêmes les décisions qui concernent leur mode de vie.

Si, d'une part, le Conseil considère que la communauté et le gouvernement ont le devoir d'aider les personnes du troisième âge, d'autre part, il est fermement convaincu qu'elles doivent se prendre en charge elles-mêmes pour éprouver le plus de satisfaction et tirer tous les avantages possibles du fait qu'elles font partie de la société. Tous les droits et privilèges entraînent des responsabilités, quel que soit l'âge des bénéficiaires.

Le guide est destiné aux clubs et groupes sociaux, aux associations de personnes âgées, aux municipalités, aux organismes religieux, aux associations ethnoculturelles, aux citoyens jeunes et vieux, en fait à tous ceux qui désirent oeuvrer pour améliorer la qualité de la vie des personnes du troisième âge dans leur milieu propre.

La brochure comprend une brève description de projets et programmes qui :

1. aident les personnes âgées à mener le plus longtemps possible, au sein de la communauté, une vie autonome, digne et confortable;
2. accentuent les joies, les réalisations et la qualité de la vie des gens qui ont atteint un certain âge;
3. incitent les personnes du troisième âge à participer activement à l'élaboration et à la réalisation des programmes qui les concernent;
4. invitent à collaborer les membres de la collectivité : monde des affaires, monde du travail, associations de bénévoles, professionnels et personnes âgées elles-mêmes.

On y trouve aussi certaines suggestions pour entreprendre, planifier et organiser avec succès certains services destinés aux personnes âgées. L'âge d'or regroupe des catégories de citoyens fort diverses. Le fait qu'ils soient âgés de plus de 65 ans ne fait pas nécessairement d'eux un groupe homogène. Nous devons donc admettre et respecter cette diversité en élaborant un large éventail de services de soutien communautaires qui puissent satisfaire les besoins de catégories de personnes aussi diverses dont les situations diffèrent à l'infini. Ces services de soutien devraient aussi prévoir des

options de rechange, non seulement pour les personnes âgées, mais aussi pour leurs familles qui sont encore le groupe qui s'occupe le plus des citoyens du troisième âge.

La brochure comporte un certain nombre de questions sur des services précis, de sorte que le lecteur peut juger de ceux qui sont offerts dans son milieu et dresser la liste de nouveaux services éventuels.

Le Conseil consultatif de l'Ontario sur l'âge d'or espère que cette brochure aidera les communautés à :

1. passer en revue les services qu'offre présentement le milieu à ses personnes âgées;
2. reconnaître les lacunes et établir des priorités;
3. recueillir des idées pour élargir ou modifier les programmes existants ou pour en lancer de nouveaux;
4. élaborer un ensemble intégré de soins pour la communauté qui convienne à la situation particulière de ses personnes âgées.

Towards an Understanding of the Rural Elderly

Au cours des assemblées et de ses visites régionales, le Conseil consultatif a constaté que les caractéristiques et les besoins des citoyens du troisième âge éloignés des centres métropolitains pouvaient différer nettement de ceux qu'on observe dans les grands centres urbains. Il a aussi découvert qu'on est très mal renseigné sur les personnes âgées de l'Ontario qui vivent en milieu rural.

Le Conseil a invité le Rural Development Project de l'université de Guelph à préparer à son intention, à partir des sources de renseignements connues, un exposé documentaire des points forts et des points faibles des personnes du troisième âge habitant les régions rurales de l'Ontario.

Ce rapport représente une première tentative visant à réunir systématiquement les éléments d'une recherche plutôt mince sur les personnes âgées en milieu rural. Il aborde deux questions fondamentales : il établit qui sont ceux qui forment la population rurale et il fait état de la diversité étonnante de la vie rurale. Le document indique que les personnes âgées des milieux ruraux ne sont pas tellement désavantagées. Le niveau de satisfaction exprimé est égal ou supérieur à celui de cette catégorie de personnes en milieu urbain. Toutefois, l'accès aux transports semble poser certains problèmes évidents et cela touche directement la question de la prestation

domiciliée à Chatham, a organisé et présidé cet événement.

Le thème général de la matinée était le rôle des bénévoles et l'avenir. Plusieurs présentations se sont succédé :

Un pensionnaire de la Thamesview Lodge, qui publie le bulletin de cet établissement et fait le compte rendu de certains ouvrages pour les journaux locaux, a décrit la vie dans une résidence de l'âge d'or.

Le programme de la cantine roulante est principalement l'oeuvre de bénévoles dont plusieurs sont des personnes âgées. Cette cantine planifie, prépare et livre trois repas chauds par semaine, 52 semaines par année, y compris les jours fériés.

Le Care Helpers Assistance Program (C.H.A.P.) est une innovation en fait de service d'assistance à domicile. Trente-cinq bénévoles de 13 à 73 ans viennent en aide à quelque 100 personnes âgées de la communauté.

La planification de préretraite a fait l'objet d'un atelier conçu pour les Ursulines et qui a eu lieu à Pines.

Un membre du bureau de direction provincial des Federated Women's Institutes de l'Ontario a décrit comment vivent les personnes du troisième âge en milieu rural et comment elles subviennent à leurs besoins.

La présentation sur les besoins de santé des personnes âgées a porté sur l'évaluation de la situation et le placement de celles qui ont besoin de soins; les établissements en place on été invités à faire preuve de souplesse et à s'adapter aux circonstances.

Le Maple City Seniors Centre se livre, entre autres activités, à un programme bènevole des plus utiles où des membres se substituent aux grands-parents pour prendre soin d'enfants de familles monoparentales, âgés de deux mois à quatre ans.

Les membres du Conseil ont également visité le Victoria Home et y ont rencontré le personnel et les résidents.

Encore une fois, on a pu constater que le succès de nombreux programmes est attribuable à l'enthousiasme et au travail acharné des bénévoles au sein de la communauté.

London

Madame Frances McHale, qui représente la région de London au Conseil consultatif, a organisé et présidé la réunion du 18 novembre 1980, qui a débuté au Forest City Kiwanis Senior Community Centre de London. Les participants ont pu se familiariser avec la coalition du troisième âge qui oeuvre à London même et dans le comté de Middlesex. La coalition, qui a 15 ans d'existence, se concentre principalement sur la planification à long terme. Cette planification des services offerts aux personnes âgées de la communauté vise à déterminer quels services il faudra offrir pour satisfaire les besoins prévisibles des personnes de plus de 65 ans.

D'autres présentations ont porté sur la croissance et le développement du Forest City Kiwanis Senior Community Centre et sur le projet qui prévoit de doubler la superficie du centre. Les membres des Golden K Clubs sont des personnes âgées très actives au sein de programmes communautaires extrêmement variés. Le Seniors Bureau, dirigé par des bénévoles du troisième âge, offre des services gratuits de renseignements et une aide efficace dans le domaine des déclarations d'impôt, du transport, du logement, de l'alerte postale, des services à domicile et des conférences. Ce groupe a également organisé que les facteurs donnent l'alarme s'ils remarquent quelque chose d'anormal et publie un répertoire de services de renseignements à l'intention des personnes âgées.

La séance de l'après-midi s'est tenue au Hamilton Road Senior Community Centre. Ici encore les délégués ont pu entendre des présentations et participer aux discussions. Il y a été question d'un projet de recherche sur la retraite, mené à l'université Western Ontario, qui portera sur 300 hommes ayant tout juste franchi le cap des 60 ans qui feront l'objet d'observations jusqu'à ce qu'ils atteignent 65 ou 70 ans, pour analyser les effets de la retraite. Des infirmières de la santé publique ont livré une étude de suivi de personnes âgées présentant des risques sérieux. Enfin, l'auditoire a pu entendre les exposés des représentants de la CNR Pensioners Association, de la New Era Seniors Association, du Hamilton Road Senior Community Centre et de l'administrateur de la Dearness Lodge. Les membres du Conseil ont également visité le Parkwood Day Hospital et le Seniors Craft Store qui a inauguré un nouveau programme "d'artisanat roulant" pour les personnes retenues à leur domicile. La valeur des programmes réalisés soit par des bénévoles des clubs sociaux, soit par de nombreuses personnes du troisième âge, a grandement impressionné les membres du Conseil.

Chatham

La journée du 19 novembre 1980 a été consacrée à une assemblée publique à la Thamesview Lodge. Madame George Barr, membre du Conseil consultatif

Les personnes âgées de l'Ontario forment des groupes très divers. Leur mode de vie, leurs aspirations et leurs besoins diffèrent sensiblement selon la région qu'ils habitent dans cette vaste province. Le Conseil a pour mandat de travailler au bien-être de tous les Ontariens âgés. Les assemblées régionales fournissent le moyen par excellence aux communautés locales aussi bien qu'aux membres du Conseil de se renseigner et de partager l'expérience les uns des autres. Au cours de l'exercice financier 1980-1981, trois assemblées régionales ont eu lieu :

Kapuskasing

Les 2 et 3 juin 1980, Madame Cécile Lantéigne, de Kapuskasing, membre du Conseil consultatif, a invité le Conseil dans cette région pendant deux jours et a été l'hôte de ses collègues. Les membres du Conseil ont visité l'hôpital Senebremmer, la maison de soins infirmiers de Kapuskasing et le Centennial Manor Home for the Aged pour se renseigner sur la vie des personnes âgées dans ces établissements. La soirée s'est déroulée au Cercle de l'âge d'or où les visiteurs ont pu se mêler à quelque 90 membres du cercle et apprécier leur chateaucuse hospitalière. Le deuxième jour, une réunion publique s'est tenue à l'édifice municipal. Cent vingt-cinq délégués, venus d'aussi loin que Hearst ainsi que des comtés et districts environnants de Kapuskasing, étaient présents.

Monsieur le maire René Piché a souhaité la bienvenue aux participants et aux invités et monsieur Doug Rapelle, président du Conseil, a expliqué le rôle de ce dernier et demandé aux personnes âgées de se montrer plus autonomes et de contribuer à établir une société qui vienne à considérer leur potentiel plutôt que leurs limitations. Les participants ont soulevé plusieurs questions qui ont fait l'objet d'une discussion. Le programme Horizons nouveaux a grandement contribué à établir des clubs et cercles de l'âge d'or dans le Nord de l'Ontario. Les subventions ont non seulement amélioré la qualité de vie des personnes âgées, mais ont enrichi le mode de vie de la communauté tout entière.

La situation du logement dans le district de Cochrane de même que les services à domicile ont fait l'objet d'un débat; on estimait en effet qu'environ 87 pour cent des personnes âgées avaient besoin de recevoir des services pour continuer de demeurer dans leur propre logement. La pension de la sécurité de la vieillesse et le Régime de pensions du Canada ont fait l'objet d'un exposé et les questions des participants ont reçu une réponse.

L'attitude positive des citoyens du troisième âge des communautés du Nord et les efforts qu'ils déploient pour rendre leur vie plus enrichissante ont impressionné les membres du Conseil.

the Status of Pensions) récemment publié a fait l'objet d'un examen très attentif. Le comité prépare actuellement un rapport sur ce document, qu'il soumettra au Conseil ainsi qu'au gouvernement provincial.

Un membre du comité a représenté le Conseil à la Conférence nationale sur les pensions, convoquée par le gouvernement fédéral à Ottawa en mars-avril 1981. Une réunion entre les représentants du gouvernement fédéral et ceux des provinces doit avoir lieu plus tard cette année pour discuter des nombreuses propositions présentées à la Conférence. Le gouvernement fédéral a promis d'intervenir rapidement.

Le comité surveillera de près toute initiative que prendront les autorités, car tout geste qu'elles pourraient poser aura des répercussions profondes et durables sur l'évolution future des programmes de pension publics et privés de même que sur le revenu des personnes âgées retraitées.

que les résultats soient connus. Dans l'intervalle, nous continuerons de contrôler le progrès accompli et d'offrir notre assistance à ceux à qui elle peut être utile.

Présentement, le comité travaille surtout à l'élaboration d'un guide sur l'organisation de la vie des personnes âgées.

Education

Le nombre croissant de personnes âgées crée une situation où les besoins en matière de loisirs vont croissant. Certaines sont heureuses de pouvoir simplement se détendre et ne rien faire, mais plusieurs manifestent le désir sinon le besoin d'une orientation pour jouir de leurs loisirs et en tirer pleine satisfaction.

Programme impliquant plusieurs générations: Compte tenu de ce qui précède, le comité sur l'éducation s'est employé à mettre au point un guide sur les programmes impliquant plusieurs générations afin d'encourager tous ceux que cela intéresse. Désireux de ne pas "réinventer la roue", le comité n'a pas encore tiré de conclusion définitive. Nous avons travaillé conjointement avec le ministère de l'Éducation à un projet de diaporama qui décrit les programmes impliquant plusieurs générations dans le cadre du système scolaire. À la suite de discussions avec le ministère des Affaires culturelles et des Loisirs, il nous est apparu qu'il y a lieu de créer une section expliquant comment élaborer des programmes convenables. C'est pourquoi le comité sur l'éducation s'est vu pressé de consacrer son énergie à cette activité.

Seniors Tell All: À la suite d'une réponse enthousiaste à l'invitation lancée par "Especially for Seniors" qui a demandé à ses lecteurs de s'exprimer sur le vieillissement, il a semblé qu'au-delà des trois articles primés, on avait réuni une somme d'expérience et de réflexion qui valait d'être publiée. Le comité sur l'éducation a été ravi de collaborer à la production de "Seniors Tell All", une brochure à l'usage des groupes et des personnes qui s'interrogent sur le vieillissement. Distribuée à tous les conseils scolaires de l'Ontario, cette publication a reçu un accueil très favorable.

Projets: Au cours des mois à venir, le comité espère rencontrer les représentants des Third Age Learning Associates et d'autres organisations semblables qui s'emploient à renseigner les citoyens âgés sur les occasions qui leur sont offertes de parfaire leur éducation. Les membres du comité se sont sentis encouragés par les travaux de l'Office de télécommunication éducative de l'Ontario et continueront de suivre les activités des médias. Dans cette optique, le comité se propose d'étudier l'impact des médias sur le troisième âge.

Maintien du revenu

Le comité sur le maintien du revenu s'est fixé comme

objectif premier d'obtenir et de maintenir un revenu adéquat et équitable pour les personnes âgées de l'Ontario tout au long de leur retraite.

Revenu de base garanti: Les régimes Supplément de revenu garanti du gouvernement fédéral (SRG) et le Régime de revenu annuel garanti (GAINS) de l'Ontario ont été augmentés au cours de l'année écoulée, de façon à donner aux bénéficiaires à faible revenu des moyens de subsistance adéquats.

Toutefois, le comité est d'avis que ces augmentations n'ont pas amélioré la situation des retraités qui vivent seuls comparativement à celle des couples mariés. Les personnes seules encaissent les mêmes frais qu'un couple marié pour tenir un foyer et acquitter les factures du loyer, des taxes, de l'électricité, du combustible et de l'entretien et pour se procurer les aliments et les biens de consommation courante. La différence de situations entre personnes seules et couples est tout à fait minime. Or les programmes gouvernementaux actuels accordent à une personne seule environ la moitié des avantages sociaux dont bénéficie un couple marié. Le comité a donc recommandé, et le Conseil a appuyé cette recommandation, que le revenu d'une personne vivant seule atteigne les 2/3 de celui d'un couple marié, pour lui permettre de maintenir le même niveau de vie.

Ce problème se pose de façon particulièrement aiguë à la femme seule, qu'elle soit célibataire, veuve ou autrement essuée; il se trouve aggravé par le montant nettement inférieur de la pension ou de quelque autre revenu personnel qu'elle touche. Ce sont les personnes les plus âgées qui en souffrent davantage. Ainsi plusieurs femmes ayant atteint un grand âge n'ont jamais eu d'emploi rémunéré. D'autres, qui ont travaillé et le Régime de pensions du Canada (RPC) est venu trop tard.

Allègement des impôts fonciers: Le comité s'est penché sur l'allègement des impôts fonciers récemment accordé aux pensionnés de l'Ontario. Il se peut que pour certaines personnes âgées le dégrèvement s'avère inférieur à celui dont elles pouvaient bénéficier auparavant grâce au système de crédits d'impôt de l'Ontario. Toutefois, dans la plupart des cas, les augmentations récentes du SRG et du GAINS compensent la différence.

L'allègement des impôts fonciers n'est pas supposé constituer une source de profit. C'est un dégrèvement qui a pour but de soulager les propriétaires ou locataires âgés du fardeau de la taxe foncière en tout ou en partie. Dans la plupart des cas, le dégrèvement est équivalent ou supérieur à ce que le contribuable devrait verser au titre de la taxe scolaire. En fait, l'allègement des impôts fonciers accordé par l'Ontario annule la portion scolaire du compte d'impôt foncier que reçoit le contribuable.

Évolution future des programmes de pension publics et privés: Le comité se soucie beaucoup de tout changement qu'on songe à introduire dans les programmes de pension publics ou privés et de l'effet que pourraient avoir les réaménagements sur le revenu des retraités, maintenant et à l'avenir.

Le rapport de la commission royale de l'Ontario sur la situation des pensions (Royal Commission on

Santé

Les objectifs du comité sur la santé au cours de cette année visaient la qualité des soins de santé et leur distribution équitable à tous les citoyens âgés de

l'Ontario.

"Dying: Towards a Better Understanding",

document de travail sur la mort, a été terminé par le comité, et le Conseil en a autorisé la publication et la distribution.

La communication intitulée "Dental Care Needs of Ontario's Seniors", une prise de position, a été éditée et publiée. Ces deux études ont nécessité une importante somme de recherche et de consultation auprès d'organismes et de personnes hors du Conseil.

L'étude des soins podiatriques s'est poursuivie toute l'année et le comité a tenu plusieurs réunions

avec des spécialistes de cette branche de la médecine. Il faut reconnaître que la situation a

beaucoup évolué, mais le Conseil continuera néanmoins à s'intéresser aux systèmes de

renseignements et de traitements destinés au

troisième âge.

La répartition équitable des lits réservés aux

malades chroniques a également retenu l'attention du comité. Il faut poursuivre la recherche dans ce

domaine pour mieux savoir quelles sont les

installations actuellement disponibles et pour estimer convenablement les besoins futurs d'une population

âgée qui s'accroît rapidement.

La politique sur les soins prolongés et la prestation de ces soins préoccupe toujours le comité. Pour

cerner la situation, le comité a préparé une

recommandation et le Conseil a décidé d'en saisir le

gouvernement de l'Ontario. Cette recommandation

presse le gouvernement de former un groupe de

travail pour étudier les installations de soins prolongés

concernant les présentes installations de soins prolongés. Le

comité est convaincu que ce groupe de travail serait

un premier pas vers une prestation uniforme et

constante des soins prolongés et vers l'adoption de

normes de soins et d'imputabilité qui s'appliquent à

tous les établissements.

En 1981, le comité se consacra tout

particulièrement aux personnes âgées souffrant de

faiblesse mentale, à leur situation et à leurs besoins

particuliers.

Le comité tient à remercier le personnel du

Conseil pour l'aide précieuse qu'il en a reçue en 1980

dans l'exécution de ses travaux.

Logement et services communautaires

Après avoir consacré une année d'étude intensive à la production du "Guide to Community Support Services", le comité sur le logement et les services

communautaires a fait porter son effort sur l'examen des recommandations antérieures et sur la

planification des priorités concernant les études à

venir.

Subventions à l'impôt foncier: L'annonce et la

mise en application de la subvention à l'impôt foncier

en Ontario a marqué, pour le comité, la réalisation

d'un de ses principaux objectifs. Travaillant en

collaboration étroite avec le comité sur le maintien du

revenu, nos membres avaient concentré leur énergie

sur la mise en oeuvre d'un système de subventions

qui allégerait les charges foncières des propriétaires

âgés. De ce point de vue, le nouveau système de

subvention à l'impôt foncier a contribué à mener ce

dossier à un résultat satisfaisant.

Système de points pour les subventions au

logement : En 1980, notre comité a pu examiner la

nouvelle formule de demande de subvention au

logement de la Société de logement de l'Ontario.

L'étude de ce document nous a amenés à signaler

l'urgence d'une réévaluation des limites s'appliquant

aux revenus des demandeurs et à recommander plus

de souplesse à l'égard des personnes qui ont un

revenu supérieur au seuil fixe mais qui ont un besoin

pressant d'un logement collectif. Les membres ont

apprécié l'occasion qui leur était donnée de participer

à cet examen et se sont sentis stimulés par l'attitude

positive du personnel du ministère du Logement. Les

autorités étudiaient actuellement les possibilités

d'application d'un nouveau seuil de revenu ainsi que

la situation des personnes qui n'ont pas droit à un

logement collectif mais qui en ont besoin.

Services communautaires : Cette année, le comité

est allé au-delà de ses préoccupations de logement

pour considérer aussi les services communautaires.

Cette approche a semblé positive aux membres qui

estimaient que les problèmes de logement ne doivent

pas se traiter isolément. De plus, le comité a estimé

qu'il faut traiter ensemble les questions de logement

et de services de soutien pour répondre à la politique

actuelle qui cherche à inciter les citoyens âgés à

demeurer dans leur maison.

À cause de l'accueil très positif réservé au "Guide

to Community Support Services", le comité continuera

de promouvoir les services de soutien

communautaires et d'insister pour obtenir l'appui

financier du gouvernement. Le besoin le plus pressant

dans ce domaine semble encore lié à la coordination

des services de soutien pour éviter le double emploi

et le gaspillage des ressources. Les membres du

comité espèrent qu'il leur sera donné de participer de

plus près à la rédaction d'une loi sur les services de

soutien communautaires qui pourrait, selon eux,

aplanir plusieurs difficultés actuelles concernant le

nombre et la prestation des services.

Question pendante : Parmi les nombreuses

questions abordées par le comité, celle de la solitude

a retenu particulièrement son attention. Deux

universités ontariennes poursuivent actuellement des

recherches sur le sujet et nous avons discuté de

plusieurs aspects du problème avec les chercheurs.

Nous prévoyons qu'il s'écoulera quelque temps avant

décisionnel et il est essentiel de planifier à long terme. Il faut explorer plus à fond les mythes et les réalités du vieillissement et notre Conseil doit aider la population à prendre un nouvel essor plein de promesse vers l'avenir.

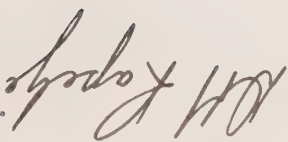
En 1974, Mademoiselle Hope Holmsted, premier président du Conseil, faisait, dans le rapport annuel, une déclaration qui vaut d'être reprise dans le rapport de 1981.

"Les occasions qui s'offrent à nous sont illimitées. L'objectif du Conseil est de contribuer à l'édification d'une province où l'on puisse vieillir avec dignité et le sentiment de demeurer utile; où les services soient adéquats et variés; où chacun puisse exercer un choix dans tous les domaines qui touchent son existence; où les personnes âgées s'entraident et où le rejet ne soit plus acceptable."

Ce programme demeure l'objectif des 18 personnes dévouées qui composent le Conseil. Nous continuerons de presser le gouvernement d'appuyer et d'appliquer les diverses recommandations que nous lui avons faites.

Au nom du Conseil, je remercie l'honorable Margaret Birch, Secrétaire de la province aux Affaires sociales, ainsi que les fonctionnaires en charge, de

L'avenir c'est maintenant.



D. H. Rapelje
Président

L'appui, de la collaboration et des égards qu'ils ont accordés à notre Conseil. Je veux également exprimer notre reconnaissance à ceux qui nous ont reçus si chaleureusement lors de nos visites régionales et à tous ceux qui nous ont soumis d'excellents exposés et mémoires au cours de l'année écoulée.

J'offre mes remerciements personnels aux membres du Conseil ainsi qu'à son personnel, dont j'apprecie hautement le dévouement et le travail constant.

Chers amis,

C'est la deuxième occasion qui m'est offerte de vous faire rapport au nom du Conseil consultatif de l'Ontario sur l'âge d'or.

Ce Conseil, institué en 1974 par le gouvernement de l'Ontario, a le mandat de promouvoir et de susciter les occasions de rendre plus autonomes les personnes âgées et d'examiner les politiques courantes qui ont une incidence sur le vieillissement et sur l'économie.

Au cours des deux dernières années, j'ai eu l'occasion de participer à plusieurs conférences et réunions et j'ai pu visiter un certain nombre de vos communautés. J'ai été heureux de constater que le troisième âge s'engage plus avant dans l'action communautaire et que, d'autre part, les communautés deviennent plus conscientes des besoins des personnes âgées.

Je voudrais souligner quelques-uns des défis que nous aurons à relever dans un avenir qui n'est pas très lointain, car il me semble que ce rapport met bien en évidence les recommandations et les préoccupations exprimées au gouvernement provincial au cours de l'année écoulée.

Il suffit de considérer les projections touchant les personnes âgées d'ici la fin du siècle et, en particulier, l'accroissement du groupe des plus de 85 ans qui atteindra 250 pour cent au cours des 20 prochaines années, pour se rendre compte combien il est important d'effectuer une planification à long terme accélérée et plus adéquate.

Cela indique aussi aux gouvernements et aux agences privées qu'il devient urgent de déplacer l'affectation des ressources des jeunes vers les personnes âgées pour satisfaire les besoins futurs de la population.

Notre Conseil a instamment recommandé au gouvernement de veiller à ce que les malades chroniques reçoivent des soins uniformes et de mettre dans le but de permettre aux 92 pour cent des personnes âgées vivant au sein de la communauté de conserver leur autonomie. Nous continuerons d'insister sur l'instauration d'un "continuum de modèles de soins", pour faire en sorte que les services appropriés soient disponibles en temps opportun dans toutes les collectivités de l'Ontario.

Si nous considérons l'avenir, il importe de bien définir les conditions qui favorisent l'épanouissement des personnes âgées, de même que le rôle et les responsabilités qu'elles doivent assumer dans la société. J'ai été impressionné de l'engagement croissant des citoyens du troisième âge qui apportent leur talent, leurs aptitudes et leur temps à la réalisation de projets communautaires. Il est permis d'espérer que des programmes innovateurs tels la "Banque de talents de l'âge d'or" favorisera encore davantage le partage des ressources humaines.

Il nous faut considérer le potentiel des personnes âgées plutôt que leurs limitations. Pour qu'elles puissent jouir pleinement de la vie et en tirer satisfaction, il importe de ne pas les surprotéger.

Un ancien membre du Conseil avait l'habitude de nous rappeler que pour conserver leurs droits, les citoyens âgés devaient aussi assumer des responsabilités.

Notre Conseil continuera de mettre en question la politique actuelle de la retraite. Je propose que nous réexaminions, à la lumière de l'expérience actuelle et en considérant l'avenir, le mythe qui veut que la vieillesse commence à 65 ans.

On nous a conditionnés à percevoir le gouvernement comme la providence universelle; toutefois, si on considère l'avenir, il semble évident que le gouvernement a des limites et qu'il faut inciter les gens à se prendre en charge et à vivre de façon autonome. Cela suppose un renforcement des mouvements bénévoles de même que des organismes sociaux et des institutions religieuses pour que la qualité de la vie se maintienne à un niveau satisfaisant.

Il faut aussi reconnaître les progrès accomplis et cesser de nous plaindre uniquement des lacunes qui subsistent.

J'ai été impressionné par la série de rencontres sur la famille organisées à travers la province par les soins de l'honorable Margaret Birch. Ces rencontres ont mis en lumière le rôle important, mais souvent obscur, de la famille et elles ont fait valoir en particulier que celle-ci est de loin l'institution qui prodigue le plus de soins aux personnes âgées. À cause de ce rôle primordial de la famille, il faut lui accorder un appui soutenu en ce qui touche les besoins de ses membres âgés.

Le partage entre les générations prend de l'importance, surtout si l'on considère le nombre grandissant des personnes âgées et l'absence fréquente de grands-parents dans la vie de plusieurs jeunes. C'est une vérité banale que jeunes et vieux ont besoin les uns des autres et qu'ils ont beaucoup à partager.

Toute la question du revenu adéquat et de son incidence sur l'autonomie des personnes du troisième âge mérite notre attention et, plus particulièrement, la situation pitoyable de la plupart des femmes seules et âgées.

Enfin, si je me tourne vers l'avenir, je dois rappeler que les gens âgés doivent eux-mêmes se faire les défenseurs de leurs droits. Il importe de plus en plus que les organisations de l'âge d'or s'affirment pour contribuer à bâtir l'avenir et utilisent leur poids politique avec force et discernement, de façon à faire naître une attitude plus positive envers leur groupe d'âge.

Voilà quelques-uns des grands défis que devront relever notre Conseil, le gouvernement et la société dans son ensemble. Je suis très optimiste quant à l'avenir de l'âge d'or. Toutefois, nous devons devenir plus autonomes et faire meilleur usage de nos ressources. Il faut convaincre les gouvernements d'établir leurs priorités de façon plus réaliste; il nous faut également renforcer la famille; par ailleurs, il importe que le troisième âge participe au processus

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Membres du Conseil 1980-1981

Rapelje, Douglas H., président
Johnston, Florence, vice-présidente
Upshall, Allan, vice-président

Comité sur l'éducation

Beange, Edna, présidente
Johnston, Florence
Kinsella, Patricia
Moriarty, May
Mennill, Joe

Comité sur la santé

Merry, George, président
Epstein, Norman
Howe, Laura
Ruth, Sam (démissionnaire)

Comité sur le logement et les services communautaires

Earhart, Leslie, présidente
Goodin, Richard
Lanteigne, Cécile
McHale, Francis

Comité sur le maintien du revenu

Withrow, John, président
Barr, Mary Evelyn
Johnstone, Thomas
Upshall, Allan

Siège du Conseil

700, rue Bay
2^e étage
Toronto (Ontario) M5G 2Z6

Elizabeth Szalowski, administrateur
Donald MacGillivray, adjoint administratif

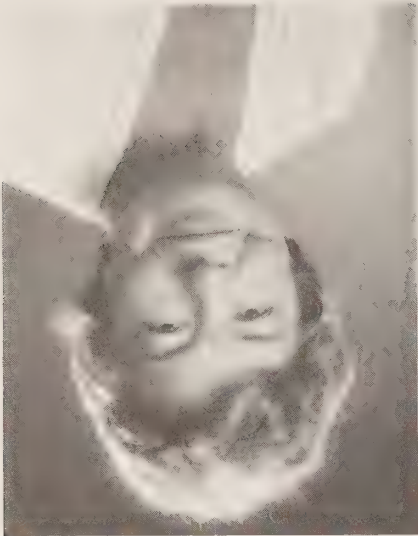
Allan Upshall
Vice-président



Douglas H. Rapelje
Président



Florence Johnston
Vice-présidente



Nous avons l'honneur et le plaisir de vous remettre
le septième rapport annuel du Conseil consultatif
de l'Ontario sur l'âge d'or pour l'année finissant le
31 mars 1981.

Madame,



Margaret Birch
Secrétaire de la province aux
Affaires sociales

Margaret Birch

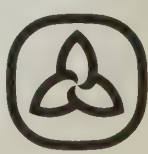


Joyce Roumanes
 Cycle primaire—3^e année
 "Je joue aux dames avec
 grand-père dans la cuisine. C'est
 toujours lui qui gagne".

Jody Maki
 Cycle primaire—3^e année
 "Je joue à la balle avec ma
 grand'mère. D'habitude c'est elle
 qui gagne".

David Farkach
 Cycle moyen—4^e année
 "J'ai donné des fleurs à ma
 grand'mère et elle me remercie".

Jenny Chong
 Cycle primaire—3^e année
 "Je vais faire des courses avec
 ma grand'mère".



Conseil consultatif
de l'Ontario
sur l'âge d'or

Rapport annuel
1980/81



Ontario Advisory Council
on Senior Citizens

Annual Report
1981/82

Government
Publications

CA24N
SD 715
- A56

George Roach

—A Welsh-born veteran of the First World War settled in St. Catharines in 1940, after stays in Winnipeg and Welland. He worked as a stone mason—his father's trade—while nurturing a childhood dream to paint.

Mr. Roach fulfilled that dream after settling into retirement, which he found lonesome and

purposeless.

At 84 he now resides at Linwell Hall Home for the Aged and keeps on painting which he says gives his life meaning and a lot of satisfaction.

The cover depicts a part of his painting of a scene in St. Catharines.

Photograph by Mr. Ray Kapahi





Honourable Margaret Birch
Provincial Secretary for Social Development

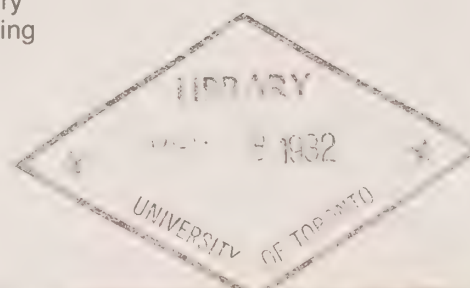
Margaret Birch

Photo—Ashley & Crippen, Toronto

Dear Mrs. Birch:

It is with great pleasure that we present to you the eighth Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1982.

Sincerely,



Allan Upshall
Vice-chairman



Douglas H. Rapelje
Chairman



Florence Johnston
Vice-chairman

Council Members 1981/82

- *Rapelje, Douglas H., Chairman

*Johnston, Florence, Vice-Chairman

*Upshall, Allan, Vice-Chairman
- Welland

Thunder Bay

Willowdale

Education Committee

- *Beange, Edna, Chairman

Johnston, Florence

Moriarty, May

Mennill, Joe
- Toronto

Thunder Bay

Port McNicoll

Aylmer

Health Committee

- *Merry, George, Chairman

Epstein, Norman

Howe, Laura

Kinsella, Patricia

MacOdrum, Frances
- Kingston

Downsview

Dryden

Aurora

Brockville

Housing and Community Services Committee

- *McHale, Frances, Chairman

Earhart, Leslie

Goodin, Richard

Hum, Sing

Lanteigne, Cecile
- London

Scarborough

Oakville

Toronto

Kapuskasing

Income Maintenance Committee

- *Withrow, John, Chairman

Barr, Mary Evelyn

Johnstone, Thomas

Upshall, Allan
- Toronto

Chatham

Ottawa

Willowdale

Council's Office

700 Bay Street

2nd Floor

Toronto, Ontario, M5G 2Z6

Staff:

Elizabeth Szalowski, Senior Executive Officer

Donald MacGillivray, Administrative Assistant

*Executive Committee Members

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Council's Mandate

The Ontario Advisory Council on Senior Citizens was established on April 24, 1974 by an Order-in-Council approved by Her Honour the Lieutenant Governor of Ontario. The Council consists of a Chairman, two Vice-Chairmen and fifteen members selected from across the province. Members are from a diversity of backgrounds and occupations, most of them seniors. All members are active in their communities.

The mandate of the Council is:

- 1) To advise the Government of Ontario through the Provincial Secretary for Social Development on matters pertaining to the well-being of the aged and aging persons, and without limiting the generality of the foregoing;
 - a) to further promote the development and creation of opportunities for self-help for the aged, to their satisfaction and advantage as members of society as a whole;
 - b) to review current policies which have a bearing on aging and the economy, involving employment, preparation for retirement, income maintenance and health measures, services and facilities of government and otherwise, including education, programs on housing, long term care, and other related services.

Chairman's Remarks

This is the third time I have the privilege to report on behalf of the Ontario Advisory Council on Senior Citizens.

The Council was established in 1974 by the Government of Ontario with a mandate to promote and develop opportunities for self-help for the aged and to review current policies having a bearing on aging and the economy.

As I reflect on the past three years, there have been many new programs and services to improve the quality of life for seniors and as I look to the future, there are many challenges facing governments and society.

In light of the growing number of older people, as well as the present economy, all levels of government must examine their present policies on aging and plan more effectively in order to meet the increasing demands on health and social services.

It is said that a country is judged on how well it treats its elderly. How we respond to this challenge in the future will depend greatly on government policies and if society accepts a shift in resources from the young to the old.

I believe the Council must play a major role in more clearly defining the direction government should follow to assure that all older people in Ontario can live in dignity, with needed services and support made available.

The Council's visits to many rural and urban communities provided us with the opportunity to talk first hand with seniors, municipal officials and providers of service. We learned about the positive happenings as well as about their concerns and issues, which are recorded in this report.

I am pleased that one of the major recommendations of Council during my term, was the creation of the Seniors Secretariat. I believe that this re-establishes a provincial focal point on aging and will help co-ordinate programs, policies and legislation among the ministries, which I consider a long standing problem in this province.

In 1981 the Provincial Task Force on Aging, which consulted with the Ontario Advisory Council on Senior Citizens, tabled its very comprehensive report entitled—"The Elderly in Ontario—An Agenda For the 80's". The report reviews current policies and programs of the Government of Ontario, as they affect the elderly of today and presents a set of recommendations to serve as an agenda for government's consideration in preparing for tomorrow. I am pleased that the report contains many of the Council's recommendations, and I am certain that the report will greatly influence how well Ontario meets future needs of seniors. It will be a major challenge to the Council to monitor and promote implementation of the recommendations contained in the Report.

Although we tend to dwell on the increased number of older people who need help, it is important that we remind ourselves that most seniors live independent, productive lives and only fifteen to twenty percent are in institutions or in need of services. This fact must be recognized in our planning

and more of our resources must be directed to community support and preventive programs promoting independence, self-help, self-direction and wellness.

To assure a good quality of life for all seniors, I suggest that the following points be recognized:

- It is imperative that the total society understand and accept aging as part of life and remove the myths that people undergo a total change on the day they turn 65.
- In view of the predicted changes in the population age-mix, seniors of today, as well as future seniors, should foster self-help programs and accept responsibility for their own well-being. The times of being cared for appear to be nearing an end, and more demands and expectations will be made on the elderly to help themselves.
- Seniors and senior organizations must also become a more vocal force in presenting their needs and in more effectively using their political "clout". The present trend in our society of capitalizing on "Agism" in promoting services and equipment for the elderly should be questioned to determine if these activities are really in the best interest to seniors or do they serve the providers.
- With regard to universal systems and program funding, the Ontario Advisory Council on Senior Citizens has questioned the provincial government's universal approach to providing health and social services to senior citizens. This issue is also raised in the Report, "Elderly in Ontario—An Agenda for the 80's".
- Our system tends to treat people 65 and over as if all of them were poor. Our Council believes that there is an urgent need to rationalize user fees and program subsidies as they greatly influence how people use the system and how the system develops. Because programs are often funded under different ministries of government at provincial and federal levels, they employ various methods to qualify participants, ranging from a needs test to a universal system requiring no fee. This approach makes it difficult to place or transfer individuals to the appropriate level of care. It is an ineffective and inefficient use of the system. How capital or program subsidies are provided also greatly influence the delivery system development and concerns arise regarding possible over-institutionalizing of our elderly.
- A dramatic illustration of the need to plan for future generations of older adults is found when comparing increases in spending during the decade 1970-1980. In the area of long-term care the Ontario Government spent \$70 million in 1970 and \$445 million in 1980, whereas in community based services such as Home Care, Visiting Nurses and Elderly Person Centres, the provincial government spent \$10 million in 1970

and \$40 million in 1980. These figures are expressed in constant 1980 dollars.

This example illustrates the urgent need to direct more of our resources towards preventive and support programs for the elderly and towards lower cost alternatives.

- We can see a changing profile of the seniors' population which will require planners to acknowledge that future seniors will be better educated and have higher expectations from the system and from society.
- We must promote the use of personal, family and community resources to meet the challenge of aging.
- We must promote intergenerational involvement and understanding which will benefit our total society.

I am optimistic that with good planning, careful determination of priorities and full involvement of seniors, we can and will effectively meet the needs of a growing older population.

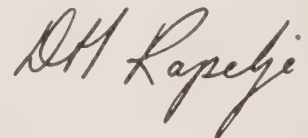
Preceding and following my Chairmanship, are two women whom I hold in high regard and who have had a great influence on my career—Miss Hope Holmsted, who did an outstanding job during the formative years of the Council and the new Chairman, Mrs. Fran McHale.

I want to congratulate Mrs. McHale on her appointment and to assure the Government and the Seniors of Ontario, that the Council is in the hands of a very knowledgeable and dedicated individual.

Also, I want to acknowledge the dedicated work of Council Members who served under my Chairmanship, as the Council achievements were truly a team effort. As well, my appreciation to the Council Staff, under the direction of Mrs. Elizabeth Szalowski, for its support and dedication.

I sincerely thank Premier William Davis, The Honourable Margaret Birch and the Provincial Government for their confidence. It has been a privilege afforded few people to serve the Seniors of Ontario.

Finally, to my wife Carol and my four children, I say thanks for their understanding and support through a very demanding period of my life.



D. H. Rapelje
Chairman

Studies and Submissions

Report to the North American Regional Technical Meeting on Aging in Preparation for the 1982 World Assembly on Aging

The United Nations General Assembly will convene a World Assembly on the Elderly to be held in July and August 1982 in Vienna, Austria. This decision was based on the fact that all the regions of the world are witnessing an increase in the absolute and relative size of their aging population. This phenomenon, coupled with the increased emphasis on development, has serious social, health and economic implications for societies as a whole and for the aging in particular. It is a topic of concern to many developed and developing countries.

In preparation for the World Assembly, a North American Regional Technical Meeting on Aging was held at the United States Department of State in Washington, D.C. in June 1981. It was attended by some 200 Americans and 60 Canadians. The Ontario Advisory Council on Senior Citizens was represented by Chairman Douglas H. Rapelje who submitted a Report outlining Council's work and concerns.

The report outlines Council's mandate and functions, spelling out its key areas of operations: (a) recommendations (b) studies and submissions, and (c) communications with seniors, both groups and individuals. Each of these sections identifies, through example, the current issues of concern to Council as well as providing a synopsis of major submissions. The last section on communications deals with the methods employed by the Council in gathering the views and suggestions of older adults.

In conclusion the Report states that the Advisory Council is an interesting experiment in providing an objective link between seniors and government. There have been a number of major achievements in effecting changes to meet the needs of seniors. The role of the Council has been a flexible one in order to keep abreast with changing patterns of life-styles. One of the major components emerging in the Council's role has been the promotion and development of opportunities for self-help for the aged. With the world's population growing older, the elderly will command more public attention and will exert a stronger influence on economic, political and social policies in the future.

Comments on the Report of the Royal Commission on the Status of Pensions in Ontario

Retirement Pensions are of great importance to Senior Citizens and consequently the Ontario

Advisory Council on Senior Citizens since its inception in 1974 has shown a keen interest in this subject. The establishment of the Royal Commission on the Status of Pensions in Ontario in the spring of 1977, and its public hearings drew a great deal of attention to many of the problems associated with pensions on which the Council had made recommendations. The recommendations of the Royal Commission gave support to many of the suggestions the Council had made.

The Council carefully reviewed the report of the Royal Commission and submitted comments upon it to the Honourable Margaret Birch, Provincial Secretary for Social Development.

In its comment the Council paid tribute to the Royal Commission for the thoroughness of the study and expressed full support for the following conclusions.

- Future additional assistance to senior citizens should be provided through money payments where feasible rather than through increased services.
- Basic payment levels of the federal Guaranteed Income Supplement, and the provincial GAINS should be adjusted so that single persons receive at least 60 per cent of the amount payable to a married couple.
- The age level of 65 years should be retained for both federal and provincial government benefits.
- Greater flexibility should be provided in respect of retirement age.
- The present Spouses' Allowance should be phased out and replaced by a more equitable program on a needs basis, without reference to the marital status of the recipients.
- The proposal of a "drop-out period" in the Canada Pension Plan for women in their child rearing years should be supported by Ontario so that it may be enacted.
- Increased emphasis should be given to survivors' benefits in private pension plans.
- Full disclosure to all members of private pension plans should include plan provisions, contributions of employers and employees and benefits.
- Pension plans in the public sector should be subject to the same regulations as those in the private sector, should not provide benefits in excess of those available to the private sector, and should be subject to effective cost control.
- Cost of living adjustments to the Canada Pension Plan benefits should be made quarterly as is done for Old Age Security.

The Advisory Council expressed the need for further clarification of some of the Royal Commission recommendations such as the Provincial Universal Retirement System (PURS), the use of unisex mortality tables, proposed changes in the Income Tax

not which would make all income from whatever source subject to income tax, and the concept of an Inflation Tax Credit.

Hearing Impairment and the Elderly

Based on a presentation from the Canadian Hearing Society and the concern for the high incidence of hearing loss being experienced among the elderly, the Ontario Advisory Council on Senior Citizens prepared a paper outlining current difficulties and recommending courses of action to help combat hearing loss.

The major concern expressed in the paper is the need for a "medical route" to be taken when assessing an individual's hearing and if loss is detected, recommending remedial action. While specialized services for hearing loss or impairment do exist, they are not always readily available to the public. This factor may affect some senior citizens who may not have access to transportation or who may require special assistance for a medical visit.

The paper discusses some of the major needs of the elderly with respect to hearing health as well as hearing assistance devices, sign language and speech reading and a suggested model for hearing health care delivery in long term care facilities.

The paper presents five recommendations designed to improve health care for the older adult who has a hearing impairment. **The Ontario Advisory Council on Senior Citizens recommends:**

1. *That the Ministry of Health review the success of the Canadian Hearing Society mobile hearing unit pilot project and publicize these findings in order to encourage service organizations to consider sponsorship.*
2. *That the Minister of Health request the Minister of Colleges and Universities to encourage an increase in the number of audiologists and support staff trained to deal with the increasing frequency of deafness in the population. (This recommendation was put forth by the Ontario Council of Health in 1978.)*
3. *That the Older Adults Centres Association of Ontario be encouraged to develop a program in which audiological counselling and speech reading lessons could be provided for the hearing impaired seniors.*
4. *That the Ministry of Health and the Ministry of Community and Social Services request the Homes for the Aged Association, the Nursing Home Association, The Older Adults Centres Association and District Health Units encourage members of the staff and volunteers to utilize their skills in the detection of hearing impairment and in communication with the hearing impaired through workshops and lectures.*
5. *That community health fairs or other appropriate associations be encouraged to include audiological testing and hearing aid assessments as well as providing information*

on the importance of audiological examinations and the care of hearing aids.

The incidence of hearing impairment has increased dramatically in recent years in our society with the result that a significant portion of older adults are affected by hearing loss. Council believes that every effort must be made to create preventive programs for hearing loss, for both detection and protection as well as to develop ways to ameliorate the difficulties being experienced by older adults suffering from hearing impairment at the present time.

A Model for Delivery of Services to Remote and Northern Communities in Ontario

As a result of regional visits made to northern Ontario communities over the past two years, the Ontario Advisory Council decided to develop a paper which addresses the special needs of older residents in these areas. While all older citizens in Ontario can expect provision of essential services designed to improve their quality of life, geographical variations in the province call for special consideration for those older residents living in more remote communities. To this end, several key issues were identified during regional visits to the north which were unique to these locations. Among the critical factors were:

1. The lack of or limited availability of public transportation.
2. Limited subsidized housing, particularly in very small communities.
3. Accessibility of special health or social services such as visiting nurses or homemakers.
4. Availability of institutional care for all three levels including residential, nursing and chronic care.

The factors of sparsely scattered populations, extreme climatic conditions and scarcity of specially trained personnel prevent the establishment of what could be considered normal services for older adults living in larger communities. As a result, the Ontario Advisory Council on Senior Citizens saw the need for the development of a more centralized approach to the delivery of services to suit northern conditions. The "multipurpose centre" approach was seen as a viable option for northern or remote communities where services could be based under one roof, thereby improving both accessibility and making better use of available resources.

The main objectives to be achieved through the multipurpose approach would be to:

1. Maintain a consistent policy in helping senior citizens remain in their own homes for as long as possible through the provision of home support services to which the Government of Ontario has already committed itself;
2. Maximize the use of limited resources to accommodate the special needs of remote and northern communities;

3. Provide a continuum of care covering such essential areas as: health, social services and housing;
4. Provide up-to-date information on programs and services to seniors and their families;
5. Act as a central intake system under one administration to ensure proper placement and assessment.

Given the special needs of northern or remote communities, the Council believes that an innovative approach must be taken for the provision of basic services to older residents of this environment. While not all expectations can be met, it is felt that certain initiatives should begin to ensure equal standards and quality of life for all seniors in the province.

Medications and The Older Adult

The Ontario Advisory Council on Senior Citizens prepared this paper to stimulate discussion regarding medication and the older adult. Scientific advances have produced many aids to help people alleviate temporary or chronic discomforts, provide cures in some instances and help individuals to adjust or return to normal life. As with every advance, there is the possibility of some misuse or abuse.

This paper is meant to discuss the possible over-use or even abuse of medication and to make people take stock, and to think of the best ways to take care of one's health and one's well-being. The paper is addressed to the older Ontario resident and includes a suggested list of questions an individual should ask his/her physician or pharmacist as well as questions to be answered by the individual consumer.

The misuse and abuse of medications for the alleviation of symptoms often experienced by the older adult are of great concern within the health profession and increasingly by the older population themselves. This subject has been addressed by some gerontologists, geriatricians and physicians. The purpose of this paper is to identify possible problems for seniors and make them aware that they are responsible for their own lives and physical well-being.

It looks at how the present situation developed from society's point of view; gave pertinent data on the present thinking on this subject; and recommended possible alternatives to today's problems of medication—use and abuse—especially as it affects the older adult.

The senior adult of the 1980's has lived through the greatest number of social, economic, technological changes and scientific breakthroughs in the history of the world. Seniors of today are the survivors! Technological changes in such areas as transportation are most incredible. We've progressed from the horse and buggy to the airplane and beyond. One disadvantage is that we walk less and have become a less physically active society. We have moved from the "over the fence" and "town hall" gatherings to the radio, the television and satellites that bring us news almost as it happens from all parts of the world. It is a far more complicated society as many messages even 'mixed messages' must be deciphered and we may suffer from information

overload. Accepted customs and value systems of our western society are continually changing.

Older adults remember the 'hard days' of the depression and the pride there was in "standing on your own feet". They moved into the "affluent" society and into new areas of attitudes of "rights" and "the world owes me a living". Due to their backgrounds, some seniors are probably better equipped and prepared to cope with today's changes—such as recession and times of transition.

Scientifically there have also been many changes. Some of the changes have improved our lifestyles, such as the advances of medicine but have also created some new problems.

It is important to look at the changes in our society in the health field and our aging population over the years, to understand our present concerns about the use of medication by older people.

Life expectancy has been increased since the turn of the century. With improved care of the newborn and scientific advances in determining the cause and prevention of such diseases as typhoid, tuberculosis, diphtheria and smallpox, one can expect to live much longer.

Today, chronic diseases are more common and caused over a long period of time by our lifestyles in a stressful society, and by an abused environment.

While this may apply to all age-groups, the older population has had longer to develop chronic problems because of their added years and may exhibit an even greater number of symptoms related to chronic illness than the young.

Some of the lifestyle related conditions are poor nutrition; lack of physical awareness and exercise; stress overload; and most important, *lack of awareness of personal responsibility* for society, our environment and our own health.

On the positive side—life experiences of the elderly can be of great importance to assist them to live a full, healthy and meaningful life.

For those people in our older population who have several chronic illnesses, multiple medications may be prescribed to alleviate the symptoms caused by these diseases and this is where the problem often begins.

It is understandable that a society which has witnessed the virtual eradication of serious infectious diseases by the use of what we call "miracle drugs" would look to medication to cure chronic illness. However, chronic illnesses caused by life-style related problems, such as obesity, excessive use of alcohol, smoking, exposure to chemicals, pollutants and excessive stress, do not necessarily respond to medications the same way as in the case of an infectious disease. A change of lifestyle should be investigated for positive results.

The use of medications in the case of chronic illness diagnosed in some older adults may have side-effects. When several chronic diseases are diagnosed, multiple medications may be prescribed which themselves may create symptoms requiring further medication. Occasionally, the dosage prescribed for a particular medication may be appropriate when giving to a younger person but may be more than required by a senior.

The role of physicians has undergone changes. In the past there was the family physician, often lovingly referred to as the "horse and buggy" doctor. With more specialization and a busy schedule relationships

became different with physicians working in their own offices and treating individuals rather than whole family units. However, in the last few years this picture is beginning to improve in some areas.

There is a re-birth of family practitioners and there is more known about the elderly as evidenced by medical schools who have begun to provide more training in geriatrics and the numbers of physicians now specializing in the area of geriatric medicine. Training in gerontology which is being sought by other health and social service workers is a much needed development, because such training offers more assistance to people in their advancing years.

Another change is that some segments of society have developed a greater dependency on others, be it government or other support services. This must change if we are to be healthy socially, economically, physically and emotionally. Too many in our society view aging as a time of breakdown and decline instead of a normal phase of one's life span.

Seniors themselves, because of their knowledge and life experience need to be called on once again to lead the way. A positive attitude towards life along with the sensible care of one's body and mind and the ability to adapt to change and handle stress are evident in the lives of independent healthy seniors. When the pressures become too great and illness ensues it is sensible to seek help. It is acceptable to question the type of intervention prescribed. It is an opportunity to discover how one can help himself to have a well-balanced healthier happier life.

Ontario Government Statistics indicate that since the establishment of the Ontario Government Free Drug Benefit Program for Seniors in Ontario in 1974, the \$25 million dollar allocation (year 1974) has risen to an annual expenditure of approximately \$125 million for the year 1980, and it is projected that it will be \$210 million by the year 2001. When one compares these sums to the number of senior citizens population of approximately 670 thousand in 1974 to 840 thousand in 1980, a number of questions start arising regarding medications. Even given the increases in drug costs, the ratio between drug consumption and the number of seniors is alarmingly high.

The responsibility of excessive use of medication has to be shared by all—by the consumers and by the providers.

All of us need to take responsibility for our own health by living appropriate lifestyles that meet our physical, mental, emotional, social and spiritual needs.

A Guide to Senior Citizens' Week Events

The aim of the Advisory Council in preparing this paper was to focus on the festive nature of Senior Citizens' Week for the meaningful recognition and participation of seniors in their communities in an intergenerational way. As a result of the Ontario Advisory Council on Senior Citizens co-sponsoring Senior Citizens' Week 1981, it became evident during the planning stages that a great many activities were being organized by seniors throughout the province, although there was no way of sharing some of the innovative ideas which were being developed. The Guide provides a brief historical background of the Senior Citizens' Week in Ontario and develops four major themes or categories of events.

The first theme discusses celebration and provides a brief description of some of the types of events which have been developed in this area. Such events as Senior of the Year, Strawberry Socials, picnics, boat cruises and other similar projects are described in this section.

The next theme deals with educational events and stresses that Senior Citizens' Week can be not only a time of celebration but also a time of learning. The intent behind such an event has been to display the skills of seniors or conversely to bring something new to older adults. A number of unique events are outlined including special displays, lectures, profiles of the past and public speaking competitions.

The third theme concerns sporting events designed to encourage participation and promote a healthier way of life. Such projects as senior olympics are described as well as walkathons and other similar activities.

The final category highlights the theme which was developed for Senior Citizens' Week in 1981, We All Have a Lot to Share. Many events which are described in the text are display oriented or developed for the benefit of participants. In "doing something for others" some ideas of events are put forward which are designed to help improve communities or assist individuals therein. Adopt a grandchild, gifts for shut-ins, neighbourhood get-togethers and tidy-up operations are a few of the innovative programs suggested.

The Guide offers many possibilities for activities during Senior Citizens' Week and as evidenced by the text the examples provided by communities throughout Ontario are prolific. Both young and old have a lot to share by combining their talents, imagination and experience, and Senior Citizens' Week can be a tremendous success for all. The Guide was printed and distributed by the Seniors Secretariat of the Secretariat for Social Development.

Recommendations

Talent Bank for Seniors

At the March 1982 meeting of the Advisory Council, Miss Hope Holmsted, past Council chairman, spoke to members about the Talent Bank Project. As the current Project chairman, she reported on the progress being made and explained the concept of talent banks. It is an old concept being applied in a unique way and designed to recruit older adults from a given community to make use of their talents to serve the needs of that area.

There continues to be a great need in Ontario's communities for volunteer resources but often the stumbling block occurs in acquiring recruits especially those with particular skills. Older adults represent a vast reservoir of experience and skills. A systematic listing of such skills through a central registry would create both an identifiable point where older adults who are interested could apply and a resource which could be tapped by those organizations or projects requiring such skills.

The members of the Advisory Council firmly support this concept and to this end submitted the following recommendation to the Honourable Margaret Birch on March 30, 1982:

THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS RECOMMENDS THAT: "IN RECOGNITION OF THE DESIRABILITY OF UTILIZING THE TALENTS AND SKILLS OF RETIRED PERSONS TO PROVIDE AN OPPORTUNITY FOR SENIORS TO MAKE A USEFUL CONTRIBUTION TO THE COMMUNITIES IN WHICH THEY LIVE WHILE AT THE SAME TIME PROVIDING AFFORDABLE RESOURCE PERSONS FOR THESE SERVICES AND MEET THE NEEDS WHICH MIGHT NOT OTHERWISE BE SATISFIED, THE ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS SUPPORT IN PRINCIPLE THE CREATION OF TALENT BANKS WITHIN COMMUNITIES THROUGHOUT ONTARIO".

The Council believes that the objectives of this project can generate an effective, much needed resource for

Ontario communities. Such efforts can assist older adults in Ontario to ensure that they have the opportunity to continue full participation in the mainstream of community life.

Drug Costs for Consumers of the Free Drug Benefit Program

The Advisory Council's position paper on "Medication and the Older Adult" indicates among other concerns the fact that under the present system of the Free Drug Benefit Program, the elderly are not aware of the cost of drugs, while other consumers know the price they have to pay.

Since many elderly have gone through depression years and have worked hard, they do understand the value of money. While the Free Drug Benefit Program provides a great relief to those older adults requiring costly and extensive medication, the costs of this universal program appear to accelerate at an unprecedented speed.

It has long been the belief of the Advisory Council that programs assisting seniors should not be on a universal basis but rather geared to needs. There is a possibility that the Drug Benefit Program might be misunderstood by some consumers. Free drugs can be interpreted as not being paid by anyone and goods given free often lose the due respect they deserve.

In the light of the questions raised in the Council's position paper a recommendation was passed and submitted to the Honourable Margaret Birch on March 30, 1982, that

"THE GOVERNMENT OF ONTARIO INTRODUCE A SYSTEM WHEREBY THE COST OF DRUGS DISPENSED UNDER THE FREE DRUG BENEFIT PROGRAM BE INDICATED IN WRITING TO THE CONSUMER".

The above recommendation is based on the Council's belief that an appreciation of drug costs may serve as an effective deterrent or safeguard when utilizing medications.

Regional Meetings

Sault Ste. Marie

A two-day Council visit was held in Sault Ste. Marie on May 31 and June 1, 1981 and provided visiting members with a perspective of senior citizens' activities in this location.

During the first day of the visit members toured the F. J. Davey Home for the Aged and the Suomi Eesti Maja Finnish-Estonian senior citizens apartment complex. Members were afforded the opportunity to take a thorough tour of the facilities as well as speak to residents. A reception was provided for Council members at the Finnish-Estonian apartment complex where residents talked about their living conditions and way of life.

Mrs. Barb McLean, Chairman of the Committee on Aging of the Algoma District Health Council, hosted a meeting during the first evening for Council members and for representatives of the Health Council and several agencies serving senior citizens in Sault Ste. Marie.

During the second day a public forum was held at the Senior Citizens Centre in downtown Sault Ste. Marie. Over 100 representatives attended the forum including delegations from Hornepayne and the township of Wickstead.

Mrs. Barbara McLean welcomed the participants, followed by Mr. Doug Rapelje, Council chairman who explained the role of the Council and asked participants to share their concerns.

A very positive response was received at the public forum with the submission of several briefs from community organizations serving and working with older adults. A number of major issues of concern were highlighted including:

Transportation has continually been raised as a major problem by residents in northern locations. Higher fuel prices, isolated communities that cannot support a public transportation system and severe climatic conditions call for additional considerations when looking at the needs of northern seniors.

Nursing Services, particularly those provided by such groups as the V.O.N. require further expansion. Long distances between centres in the north often separate people from needed services. Institutions are not always practicable and nurses, particularly those with special training in the care of the elderly are required.

Combined Care Institutions in smaller communities offer a feasible alternative to the unsatisfactory situation of forcing persons out of their homes into institutions located in larger centres. The concept of a new model which would embrace a number of services under one administration, including hospital beds, long term care beds and community support services appears to be an appropriate alternative for smaller isolated communities.

Integration of Health and Community Services were seen, as a need, particularly in small isolated locations. It was recognized that efforts are being

made to improve co-ordination between these vital areas, but many northern residents felt that the continuum of care still had gaps caused by different programs not being fully aware of each other's objectives. A key problem was the confusion found in determining what ministry would fund a program or who had responsibility for projects involving programs which cut across ministry jurisdictions.

Resources in Hospitals, where more than one is situated in a community, should seek better co-ordination. An example provided in the visit cited two hospitals, each providing chronic care beds where the obvious solution would be to house all chronic care beds under one program and facility.

The Council members were very encouraged by the positive participation of older adults in Sault Ste. Marie. While many concerns were expressed there was also a very good attitude displayed by the older adults in taking on new projects and working towards a better quality of life.

Sudbury

Upon arrival in Sudbury visiting members of the Council were taken to Pioneer Manor Home for the Aged where they toured the facility, spoke with residents, and had dinner prepared by the staff of Pioneer Manor and attended by representatives of organizations serving older adults in the Sudbury Region.

In the evening a special reception was held at St. Andrews Place which is a unique centre for senior citizens located in the downtown core of Sudbury. Here, members had an opportunity to enjoy the warm hospitality of the North as well as speak with members of the Centre.

A public forum was held the next day and it was officially opened by Mr. Joe Bischoff, a director of St. Andrews Place. Following Mr. Bischoff's remarks Mr. Ron Tough, Consultant with the Ministry of Community and Social Services brought greetings and welcomed members on behalf of his ministry and the Sudbury area.

Again, a number of presentations were heard including briefs from districts in the surrounding area.

The variety of briefs was impressive touching upon such topics as Meals-on-Wheels, a senior educational group by the name of Elal S'I S'A—50, Victorian Order of Nurses and Chronic Home Care in the Sudbury District. Members did note that many of the problems raised in Sudbury paralleled those raised at the previous forum in Sault Ste. Marie. Major issues such as transportation, availability of nursing services, the need for integration of health and community services and combined care institutions was reflected in the discussions. Similar to Sault Ste. Marie, Sudbury seniors also held a positive outlook and appeared to be taking initiatives when necessary.

The public forum in Sudbury was followed by a luncheon provided by the Ladies' Auxiliary of the United Church. St. Andrews Place is a unique

combination of public and commercial ventures and is both visually beautiful and practical. The integrated nature of this facility and its success suggests the suitability, particularly in northern communities of combining many facilities under one roof.

Hamilton

A meeting, co-sponsored by the Ontario Advisory Council on Senior Citizens and the Office on Aging, was held on September 30, 1981 in the auditorium of St. Peter's Centre, 88 Maplewood Avenue, with some sixty persons in attendance.

The Centre was the most appropriate location for a public forum on the needs of the elderly as it focuses on health and the aged. The Centre evolved from a concept of the local Health Council some 15 years ago and it characterizes the progressive thinking and co-operation of the community. The Centre is a geriatric facility which serves the community in two major areas: a) it provides a specialized health and social environment for the chronically ill who cannot be cared for in other facilities (284 beds) and b) it maintains a day-therapy centre for those who still live independently but require assistance in remaining in the community (some 90 out-patients).

The morning session of the Public Forum included presentations and discussions of existing programs in Housing, Recreation and Activities, Health and special services.

The Hamilton-Wentworth Housing Authority's presentation on subsidized housing, its purpose and the present needs, elicited a number of concerns: a great number of tenants are in the 80-85 year bracket which poses a question of whether there should be built-in support services, or the tenants should be moved to long-term institutions; people's life-styles have changed and some seniors refuse bachelor-type accommodation; a number of church organizations and labour and ethnic groups are building housing for their elderly and they offer a variety of services that are not available in public housing; there are no central waiting lists of applicants, hence it is difficult to determine the needs for housing.

There are four Day Care Centres for seniors in Hamilton-Wentworth as well as a number of recreation or drop-in-centres. It was felt that more emphasis should be placed on the former as many frail and disabled seniors require staff and volunteer assistance.

Hamilton Assessment and Placement Services work with the understanding that health needs of seniors are not based solely on diseases, therefore not only physicians but also nurses, social workers and others are involved in assessing and placing people. At the present time chronic home care services are provided to 1200 and short term home care services to 400 people. A list of chronically ill people in the community is being maintained and a number of new chronic care beds have been opened in various hospitals and access to these beds is through the Assessment and Placement Services.

The afternoon session included a variety of topics presented by a number of participants.

United Senior Citizens of Ontario presented a brief on behalf of the Hamilton and District Zone 14 U.S.C.O. dealing with this organization's recommendations pertaining to housing.

The School of Adult Education, McMaster University outlined three programs of special interest to older people: McMaster Afternoon Lecture and Discussion Series; Forty Plus Education/Vacation; and Growing Older in Our Society.

Seniors' Activation Maintenance Program of the First Place Community Centre is for seniors who are not motivated to leave their home because of fear or inhibitions and lack of self-esteem, all of them have a disabling disease.

Disabled and Aged Regional Transit System (D.A.R.T.S) provides service to meet the needs of the disabled and the aged, however this service is not available for recreational purposes.

Family Services of Hamilton-Wentworth submitted a brief outlining the need for an information centre. Such a centre would have a double role—one to serve the individuals and families seeking information and second to provide a linkage to professionals in the community; thus fulfilling the needs of both the consumers and providers of service.

The Co-ordinator of Social Work of St. Joseph's Villa presented a paper on issues affecting long-term care planning, especially on the need to collect data, as most statistics show people in the "65 and over" group but very few grade them between ages 65 and 95—almost three generations can be contained in this thirty year span.

There was considerable discussion on the stress on the families caring for their elderly; the need for long-term care facilities (renovations, equipment etc.) and the issue of rest home (or boarding home) legislation.

Especially for Seniors

“Especially for Seniors” made its first appearance in June 1975 as a four-page newsletter, announcing the establishment, in April 1974, of the Ontario Advisory Council on Senior Citizens. The purpose of the Council was outlined, special articles dealing with aging were featured and seniors were encouraged to express their views about the Council or the publication.

Since that time the paper has been sent out four times a year to all those citizens of Ontario who receive the Old Age Security pension. Increased to eight pages since our second edition, “Especially for Seniors” presents topics chosen particularly for older citizens; but the newsletter is now gaining readers among all ages. School children find useful material for their social studies. With increasing emphasis on geriatrics and gerontology, medical students look for current articles dealing with the normal developments in aging. Executives of management and unions study opinions about compulsory retirement, which has such an influence on the pensions and the outlook of older workers.

To keep the format flexible, our editor has steered clear of too many permanent columns. Except for “Profile” and “Book Reviews”, which have become regular features, the items are quite variable. Seasonal topics such as conferences or educational courses must be listed well in advance because registration may be limited. It takes about six weeks to complete the mailing of each edition to more than 800,000 seniors, which affects those events with a deadline date.

Our leading article is printed in both English and French. The French article is appreciated by our many French-speaking seniors and also by the growing number of children and adults who are learning French.

The correspondence we receive in response to each issue affects subsequent planning. With the increase in postal costs, people must feel strongly about a situation before they will enquire or comment on it in a letter. The matter is important enough to

them to warrant consideration from the Advisory Council. Except for the surge of correspondence which occurs after each edition, there is no noticeable trend in the attitudes of seniors. Their needs and satisfactions are basically the same as for all ages—adequate accommodation, reasonable health, the opportunity to enjoy social contacts and a decent standard of living, and sufficient income to maintain their independence. Although enforced retirement is anathema to those who like to be busy, many retirees write to tell of the pleasure they derive from a new source of employment—part or full time—or a hobby which offers a stimulating challenge. Even those who must accept institutional care look for physical and spiritual fellowship, planned outings and community involvement to keep their minds and bodies free from “rust”. Through “Especially for Seniors” this positive attitude to aging is encouraged. When an outstanding person or go-ahead club is featured in the newsletter, we’re bound to hear about other noteworthy seniors and group events. We can’t mention them all in a quarterly paper but we’re pleased to find that every village or city has its own brand of achievement.

The Advisory Council is made up of people involved in senior activities across Ontario. They are aware of and understand the difficulties affecting older people. We don’t minimize these problems but do try to face reality. Informed people are better able to cope. Through “Especially for Seniors” we endeavour to show our readers the avenues of self-help that are open to them.

The adverse comments about any aspect of the newsletter receive full attention. We want to reach all seniors in Ontario. Kind letters and praise are supportive and very pleasant: criticism reminds us to try to make our next issue better.

The newsletter attempts to provide a close and constant interchange of ideas which, we hope, forms a cordial liaison between the policies of our Council, all levels of government and the ever-growing numbers of senior citizens in Ontario.

Council Guests

Date	Name	Agency
April 9, 1981	Sister St. Michael Guinan	Canadian Institute of Religion and Gerontology
	Dr. Harold Vaughan	Canadian Institute of Religion and Gerontology
	Dr. Leland Gregory	Canadian Institute of Religion and Gerontology
	Mr. Dennis Morrice	Canadian Hearing Society
	Ms. Tanni Brown	Canadian Hearing Society
September 10, 1981	Corabel Penfold	Member, National Advisory Council on Aging
	Jake Gorfinkel	Former member Ontario Advisory Council on Senior Citizens
	Charlotte Mathews	Sarnia (Observer at meeting)
	Dr. Tony Fuller	Director, Rural Development Outreach Project, University of Guelph
	Mrs. Valerie Gilmor	Assistant Director (R.D.O.P.)
	Anne Meadows	Community Development Worker, Guest Observer from England
	Mr. W. Bain	Executive Director, Institutional Division, Ministry of Health
	Dr. K. Ryan	Senior Dental Consultant, Ministry of Health
	Dr. G. W. Reid	Senior Medical Consultant, Ministry of Health
	Mr. John Anderson	Senior Advisor to the Minister, Community and Social Services
October 28, 1981	Joyce Rowland	Health Care Consultant, Protect Alert
	Dr. Fergal Nolan	Policy Development Branch, Ministry of Northern Affairs
December 10, 1981	Mr. D. G. Heagle	Executive Co-ordinator Federal/Provincial Relations, Ministry of Community and Social Services
	Mr. R. Levick	Information Officer, Ministry of Municipal Affairs and Housing
	Mr. D. Rutherford	Director, Legal Services Branch, Ministry of Community and Social Services
January 21, 1982	Mr. Lawrence Crawford	Provincial Co-ordinator, Seniors Secretariat
	Mrs. Eموke Jordan	Information Services, Seniors Secretariat
	Mr. Harry Powell	President, Residents Councils Association
	Mr. Nick Manherz	Executive Director, Ontario Homes for the Aged Association
	Mr. Ed. Segalowitz	Assistant Executive Director, Ontario Homes for the Aged Association
	Ms. Mary Gurney	Director of Communications, Rest Homes Association
	Mr. Jim Murphy	President, Rest Homes Association
March 18, 1982	Miss Hope Holmested	Former Chairman of the Ontario Advisory Council on Senior Citizens

Council Publications

- * **HOW TO GET AROUND**
— A Guide for Senior Citizens in Developing Transportation Services / APRIL 1978
- ✓ * **THROUGH THE EYES OF OTHERS / JUNE 1979**
— Discussion Paper
- * **A GUIDE TO COMMUNITY SUPPORT SERVICES / MAY 1980**
- * **TOWARDS AN UNDERSTANDING OF THE RURAL ELDERLY / AUG 1980**
— Research Study
- * **DYING: TOWARDS A BETTER UNDERSTANDING / SEPT 1980**
— Discussion Paper
- ✓ * **SENIORS TELL ALL / NOV 1980**
— Seniors views and attitudes towards life in general
- * **DENTAL CARE NEEDS OF ONTARIO'S SENIORS / DEC. 1980**
— Position Paper
- ** **A GUIDE TO SENIOR CITIZENS' WEEK EVENTS / 1982**

COUNCIL BROCHURE (ENGLISH/FRENCH)
— Description of Council's Role / JUNE 1980

REGIONAL VISITS OF COUNCIL:
— Kitchener-Waterloo / APR 12 - 13, 1977
— Niagara / JUNE 20 - 22, 1977
— Ottawa-Carleton / APR 17 - 19, 1978
— Thunder Bay and Dryden / AUG 27 - 29, 1979
— Brantford / OCT. 16, 1979
— Kingston / MAR. 3 - 5, 1980
— Kapuskasing / JUNE 2 - 3, 1980
— London and Chatham / NOV. 18 - 19, 1980
— Hamilton / SEPT. 30, 1981
— Sault Ste Marie and Sudbury / MAY 31 - JUNE 2, 1981

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—Un guide à l'usage des personnes âgées pour la mise au point de services de transport
- * THROUGH THE EYES OF OTHERS (JUN 1979)
—Document de travail
- * A GUIDE TO COMMUNITY SUPPORT SERVICES (MAI 1980)
- * TOWARDS AN UNDERSTANDING OF THE RURAL ELDERLY (AOÛT 1980)
—Rapport de recherche
- * DYING: TOWARDS A BETTER UNDERSTANDING (SEPTEMBRE 1980)
—Document de travail
- * SENIORS TELL ALL (NOVEMBRE 1980)
—Points de vue des personnes âgées et leurs attitudes face à la vie
- * DENTAL CARE NEEDS OF ONTARIO'S SENIORS (DÉCEMBRE 1980)
—Document de prise de position
- Un guide sur les activités de la Semaine de l'âge d'or, janvier 1982
- ** A GUIDE TO SENIOR CITIZENS' WEEK EVENTS / 1982
- BROCHURE DU CONSEIL (FRANÇAIS-ANGLAIS)
—Description du rôle du Conseil (JUN 1980)
- VISITES RÉGIONALES DU CONSEIL
—Kitchener-Waterloo, les 12 et 13 avril 1977
—Niagara, les 20, 21 et 22 juin 1977
—Ottawa-Carleton, les 17, 18 et 19 avril 1978
—Thunder Bay et Dryden, les 27, 28 et 29 août 1979
—Brantford, le 16 octobre 1979
—Kingston, les 3, 4 et 5 mars 1980
—Kapuskasung, les 2 et 3 juin 1980
—London et Chatham, les 18 et 19 novembre 1980
—Hamilton, le 30 septembre 1981
—Sault Ste Marie, les 31 mai et 2 juin 1981
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Invités aux réunions du Conseil

Date	Nom	Affiliation
le 9 avril 1981	Soeur St. Michael Guinan	Canadian Institute of Religion and Gerontology
	Dr Harold Vaughn	Canadian Institute of Religion and Gerontology
	Dr Leland Gregory	Canadian Institute of Religion and Gerontology
le 10 septembre 1981	M. Denis Morrice	Société canadienne de l'ouïe
	Mme Tanni Brown	Société canadienne de l'ouïe
	Corabel Pentfold	Membre du Conseil consultatif fédéral sur l'âge d'or
	Jake Gorfinkel	Ancien membre du Conseil Sarnia (observatrice)
	Charlotte Matthews	Directeur du projet Outreach sur le développement rural, Université de Guelph
	Mme Valerie Gilmor	Directrice adjointe (R.D.O.P.)
	Anne Meadows	Développement communautaire (observatrice invitée d'Angleterre)
	M. W. Bain	Directeur administratif, Division des établissements de soins, ministère de la Santé
	Dr K. Ryan	Conseiller dentaire principal, ministère de la Santé
	M. John Anderson	Conseiller principal auprès du ministre, ministère des Services sociaux et communautaires
le 28 octobre 1981	Joyce Rowlands	Conseillère en soins de la santé, Protect Alert
	Dr Fergal Nolan	Direction de l'élaboration des politiques, ministère des Affaires du Nord
	M. D. G. Heagle	Coordonnateur administratif des affaires fédérales-provinciales, ministère des Services sociaux et communautaires
	M. R. Levick	Agent d'information, ministère des Affaires municipales et du Logement
	M. D. Rutherford	Directeur des services juridiques, ministère des Services sociaux et communautaires
	M. Lawrence Crawford	Coodonnateur provincial du Secrétariat aux personnes âgées
	Mme Evoke Jordan	Service de renseignements du Secrétariat aux personnes âgées
	M. Harry Powell	Président, Association des conseils de résidents
	M. Nick Manherz	Directeur administratif, Association des foyers pour personnes âgées de l'Ontario
	M. Ed. Segalowitz	Directeur administratif adjoint, Association des foyers pour personnes âgées de l'Ontario
le 21 janvier 1982	Mme Mary Gurney	Directrice des communications, Association des maisons de repos
	M. Jim Murphy	Président, Association des maisons de repos
	Mlle Hope Holmsted	Ancienne présidente du Conseil consultatif de l'Ontario sur l'âge d'or
le 18 mars 1982		

Le premier numéro de “Especially for Seniors” paraissait en juin 1975; c’était un simple bulletin de quatre pages. On y annonçait la formation du Conseil consultatif de l’Ontario sur l’âge d’or en avril 1974. Le journal contenait des articles sur le vieillissement et invitait les personnes âgées à exprimer leur opinion sur le Conseil ou sur la publication.

Depuis sept ans, le journal a paru trimestriellement et a été envoyé à tous les citoyens de l’Ontario qui reçoivent la pension de sécurité de la vieillesse. Passé à huit pages des le second numéro, “Especially for Seniors” porte sur des sujets qui intéressent particulièrement l’âge d’or, mais les lecteurs se recrutent maintenant chez les citoyens de tout âge. Les écoliers y trouvent un matériel utile pour leurs travaux de sciences sociales. Par ailleurs, l’accent qu’on met actuellement sur la gérontologie incite les étudiants en médecine à chercher des articles récents sur l’évolution normale du vieillissement. Enfin, les administrateurs de l’industrie et des syndicats sont attentifs aux opinions sur la retraite obligatoire, qui a de si grandes répercussions sur les pensions et sur les perspectives des travailleurs âgés.

Pour conserver une formule souple, l’éditeur a évité d’entretenir un trop grand nombre de chroniques. Il n’y a que “Profile” et “Book Reviews” qui reviennent régulièrement; les autres articles sont très variables. Les événements saisonniers tels les conférences et les cours de formation doivent être annoncés longtemps à l’avance puisque l’inscription est souvent limitée. Il faut environ six semaines pour envoyer les 800 000 exemplaires de chaque tirage et il va sans dire que cela a une incidence sur les événements qui ont lieu à une date fixe.

L’article de fond de chaque numéro paraît en anglais et en français. Les nombreux citoyens âgés d’expression française apprécient cette initiative de même que les nombreux enfants et adultes qui apprennent le français.

La correspondance que nous recevons régulièrement influe sur la planification. Puisque l’attachissement du courrier coûte maintenant très cher, seuls les lecteurs qui se sentent vraiment impliqués demandent des renseignements ou expriment leur opinion par lettre. La chose leur importe suffisamment pour que le Conseil consultatif y porte attention. Un flot de correspondance suit la publication de chaque numéro; autrement, on ne note pas de tendances particulières dans l’attitude des

personnes âgées. Leurs besoins et leurs satisfactions sont essentiellement les mêmes que pour les citoyens de tout âge : un logement adéquat, un état de santé convenable, l’occasion d’établir des relations sociales intéressantes, un niveau de vie acceptable et un revenu suffisant pour demeurer autonomes. La retraite obligatoire est objet d’anathème pour les gens actifs; ainsi, un grand nombre de retraités nous écrivent pour nous dire leur joie d’avoir obtenu un emploi—à plein temps ou à temps partiel—ou d’avoir découvert un passe-temps qui leur pose un défi stimulant. Même ceux qui doivent accepter de vivre en institution cherchent une fraternité physique et spirituelle, des sorties organisées et un engagement communautaire pour que la “rouille” n’ait pas prise sur leur corps ni sur leur esprit. Par l’intermédiaire de “Especially for Seniors”, nous incitons les lecteurs à conserver de telles dispositions face au vieillissement. Lorsque le bulletin signale les réalisations d’une personne exceptionnelle ou d’un club particulièrement dynamique, il est certain qu’on entendra parler d’autres citoyens âgés très méritants et d’autres événements collectifs. Il est impossible de raconter tout cela dans un organe trimestriel, mais il est réconfortant de constater que chaque ville ou village se flatte de réalisations qui lui sont propres.

Les membres du Conseil consultatif viennent de partout en Ontario et s’activent au sein de toutes sortes de mouvements de l’âge d’or. Conscients des difficultés qu’éprouvent les citoyens âgés, ils les comprennent très bien. Loin de minimiser les problèmes, ils s’efforcent de faire face à la réalité. Les personnes enseignées peuvent plus facilement faire face aux difficultés. Par le truchement de “Especially for Seniors”, ils ont à cœur d’indiquer aux lecteurs les sources d’aide auxquelles ceux-ci peuvent eux-mêmes avoir recours.

Toute critique sur un aspect quelconque du bulletin fait l’objet d’une attention particulière. Nous voulons atteindre tous les citoyens âgés de l’Ontario. Si la louange est agréable et nous encourage à poursuivre nos travaux, par ailleurs, la critique nous incite à améliorer le prochain numéro.

Le bulletin tente d’établir un échange d’idées serré et constant afin, nous l’espérons, de tisser des liens cordaux entre le Conseil qui veut promouvoir ses politiques, tous les niveaux de gouvernement et les citoyens âgés de l’Ontario qui se font de plus en plus nombreux.

l'âge d'or qui se nomme Elai S'I S'A—50), les soins à domicile pour les malades chroniques de la région de Sudbury (soumis par l'Ordre des infirmières de Victoria), etc. Le Conseil a noté que les problèmes soulevés étaient analogues à ceux signalés à Sault-Sainte-Marie. Les questions majeures telles le transport, la prestation des services infirmiers, la nécessité d'intégrer les services communautaires et de santé et les établissements polyvalents, ont animé le débat. Tout comme ceux de Sault-Sainte-Marie, les citoyens âgés de Sudbury ont une attitude positive devant la vie et ont paru prendre des initiatives quand il le fallait.

Un déjeuner, servi par les dames auxiliaires de l'Eglise Unie, a suivi le forum public. St. Andrews Place est un complexe unique qui regroupe des établissements publics et commerciaux; il est à la fois attrayant et pratique. L'organisation intégrée des lieux et le succès qu'ils connaissent semblent indiquer qu'ils sont particulièrement bien adaptés aux communautés du Nord où il y a un avantage certain à réunir plusieurs établissements sous le même toit.

Hamilton

Le 30 septembre 1981, le Conseil consultatif de l'Ontario sur l'âge d'or et la commission sur le vieillissement tirent une assemblée conjointe dans la salle de conférences du St. Peter's Centre, 88, avenue Maplewood. Quelques soixante personnes étaient présentes.

Le centre, qui s'occupe particulièrement de la santé des personnes âgées, convenait très bien à la tenue d'une réunion publique sur les besoins de l'âge d'or. C'est le conseil local de la santé qui a conçu ce centre il y a environ 15 ans. Il reflète l'esprit progressif et coopératif de la communauté. On y dispense deux types de services communautaires : a) des soins et des services sociaux pour les malades chroniques qui ne peuvent recevoir de soins dans les autres établissements (284 lits) et b) des traitements thérapeutiques en clinique externe pour les citoyens âgés autonomes, qui ont besoin d'un certain soutien pour demeurer au sein de la communauté (quelque 90 patients externes).

La séance matinale a porté sur les programmes en place touchant le logement, les loisirs et autres activités, la santé et les services spéciaux.

La présentation de la commission de logement de Hamilton-Wentworth sur le but des logements subventionnés et les besoins actuels dans ce domaine a mis en évidence des difficultés réelles : un grand nombre de locataires ont de 80 à 85 ans et on se demande s'il faut leur fournir sur place des services de soutien ou bien les installer dans des établissements de soins prolongés; le mode de vie a évolué et certaines personnes âgées refusent de vivre dans un studio; certains groupes religieux, ouvriers et ethniques construisent des logements pour leurs membres âgés et offrent divers services que n'offre pas les services publics de logement, il n'existe aucune liste d'attente centrale de sorte qu'il est difficile d'établir les besoins des personnes âgées en matière de logement.

La région de Hamilton-Wentworth compte quatre centres de jour pour les citoyens âgés de même qu'un certain nombre de centres de loisirs et de rencontre. Les participants ont exprimé l'avis qu'il faudrait

insister davantage sur de tels programmes puisqu'ils servent souvent à des vieillards frêles et infirmes qui ont besoin des services d'un personnel régulier et de bénévoles.

Les services d'évaluation et de placement de Hamilton sont bien conscients que les besoins des personnes âgées ne sont pas exclusivement du domaine de la santé. Par conséquent, en plus des services des médecins, il faut aussi ceux des infirmières, des travailleurs sociaux et autres pour évaluer et placer convenablement les citoyens âgés. À l'heure actuelle, les services de soins prolongés à domicile sont disponibles pour 1200 personnes et les services de soins provisoires à domicile sont offerts à 400 autres. On tient à jour une liste des malades chroniques de la communauté; en même temps, divers hôpitaux ont ajouté un certain nombre de nouveaux lits pour malades chroniques, qui sont accordés par l'intermédiaire des services d'évaluation et de placement.

La séance de l'après-midi a porté sur divers sujets.

Les United Senior Citizens of Ontario ont présenté un mémoire au nom des U.S.C.O. de la zone 14 de la ville et du district de Hamilton, faisant des recommandations sur le logement.

Les responsables de l'éducation permanente à l'université McMaster ont exposé les grandes lignes de trois programmes qui intéressent particulièrement les personnes âgées : les après-midi de conférences et de débats de l'université McMaster; le programme de vacances éducatives pour les "plus-de-quarante-ans"; et le programme "Vieillir dans notre société".

Le programme de maintien des personnes âgées en état d'activité du centre communautaire First Place s'adresse à ceux qui ne peuvent se résoudre à quitter leur foyer parce qu'ils entretiennent des craintes ou des inhibitions ou qu'ils manquent de confiance en eux. Ce sont tous des handicapés.

The Disabled and Aged Regional Transit System (D.A.R.T.S.) fournit un service de transport aux personnes âgées ou handicapées; toutefois, ce service ne peut servir à des fins de loisir.

Les services familiaux de Hamilton-Wentworth ont soumis un mémoire sur la nécessité d'aménager un centre d'information. Ce centre jouerait un double rôle : donner aux individus et aux familles les renseignements dont ils ont besoin et mettre en relation les professionnels de la communauté. Ainsi, les consommateurs et les fournisseurs de services y trouveraient leur compte.

Le coordonnateur du travail social à St. Joseph's Villa a présenté un document sur les problèmes que suscite la planification des soins prolongés. Il y fait état de la nécessité de recueillir des données, puisque la plupart des statistiques classent dans une même catégorie toutes les personnes de plus de 65 ans; il est très rare qu'on subdivise cette plage d'âge qui va de 65 à 95 ans et où logent près de trois générations.

Le débat a surtout porté sur le stress affectant les familles qui s'occupent elles-mêmes des parents âgés, sur la nécessité de fournir des installations de soins prolongés (réfectoires, équipement, etc.) et sur une législation éventuelle régissant les maisons de repos (ou de retraite).

Sault-Sainte-Marie

Le Conseil a fait une visite de deux jours au Sault-Sainte-Marie les 31 mai et 1^{er} juin 1981. Les personnes âgées dans cette localité. La première journée, ils ont visité la maison de retraite F. J. Davey ainsi que le complexe domiciliaire finno-estonien Suomi Aesti Maja pour l'âge d'or. Le Conseil a eu l'occasion de voir toutes les installations et de converser avec les résidents. À la réception donnée au complexe finno-estonien, les résidents ont entretenu les visiteurs de leur mode de vie. Madame Barb. McLean, présidente du comité sur le vieillissement du conseil de la santé du district d'Algoma a réuni, le premier soir, les membres du Conseil ainsi que les représentants du conseil de santé et de plusieurs autres agences au service des citoyens âgés de Sault-Sainte-Marie. La deuxième journée, on a tenu une réunion publique au centre pour personnes âgées situé au centre-ville. On comptait plus de 100 participants, dont certaines délégations de Hornepayne et du comté de Wickestead. Madame Barbara McLean souhaita la bienvenue aux participants, puis monsieur Doug. Rapelje, président du Conseil, expliqua le rôle de l'organisme et invita les personnes présentes à faire connaître leurs préoccupations. Les résultats furent très positifs : plusieurs organismes communautaires servant les citoyens âgés ou travaillant avec eux ont soumis des mémoires. Parmi les principaux problèmes soulevés, il convient de mentionner ceux qui suivent.

- **Le transport** est l'une des principales préoccupations des résidents des localités du Nord. Le prix supérieur des combustibles, le climat rigoureux et l'isolement des collectivités qui ne peuvent se payer de transports en commun méritent une considération toute particulière lorsqu'on évalue les besoins de l'âge d'or dans le Nord.
- Il faut étendre **les services infirmiers** et particulièrement ceux que rend l'Ordre des infirmières de Victoria. Dans le Nord, il arrive souvent que certaines populations se trouvent très éloignées des services dont elles ont besoin. Les établissements ne sont pas toujours accessibles et il faudrait plus d'infirmières, particulièrement celles qui possèdent une formation en gériatologie.
- Dans les petites localités, **des centres polyvalents de services communautaires** pourraient remédier à la situation déplorable des personnes âgées qui sont obligées de quitter leur domicile pour se retirer dans des établissements situés dans les centres plus importants. La formule qui regrouperait sous une même administration des services diversifiés tels les soins hospitaliers courants, les soins prolongés et

Sudbury

À leur arrivée à Sudbury, les membres du Conseil se sont rendus à la maison de retraite Pioneer Manor. Ils ont visité l'établissement, conversé avec les résidents et ils ont pu apprécier le dîner préparé par le personnel, en compagnie des représentants des organisations s'occupant de l'âge d'or dans la région de Sudbury. Une réception avait lieu le soir même au St. Andrews Place, un centre vraiment unique pour les personnes âgées, situé au cœur du centre-ville de Sudbury. Le Conseil a pu goûter la chaude hospitalité du Nord et s'entretenir avec les membres du centre. Le lendemain, on tenait une réunion publique officiellement ouverte par monsieur Joe Bischoff, directeur de St. Andrews Place. Après les remarques de monsieur Bischoff, monsieur Ron. Tough, conseiller du ministère des Services sociaux et communautaires, souhaita la bienvenue aux membres du Conseil au nom de son ministère et des habitants de la région de Sudbury. Le Conseil entendit plusieurs interventions et reçut un certain nombre de mémoires de personnes venant des districts environnants. La diversité des mémoires était impressionnante. Ils portaient sur toutes sortes de sujets : les cuisines ambulantes, l'éducation (soumis par un groupe de

la vie.

La participation des citoyens âgés de Sault-Sainte-Marie a grandement encouragé les membres du Conseil. Ils ont, bien sûr, exprimé certaines préoccupations, mais ils ont aussi manifesté une volonté très positive d'accepter de nouvelles tâches et de travailler à l'amélioration de la qualité de la vie.

- **L'intégration des services communautaires et de santé** paraît également nécessaire dans les petites localités isolées. On a reconnu qu'un certain travail se faisait pour mieux coordonner ces secteurs vitaux; mais plusieurs résidents du Nord ont exprimé l'avis que l'intégration était encore assez lâche puisque les divers services se soucient peu des objectifs des autres. La confusion qui règne lorsqu'il s'agit de déterminer quel ministère subventionne certains programmes ou qui est responsable des programmes qui relèvent de la compétence de plusieurs ministères constitue un problème majeur.
- **Les établissements hospitaliers**, lorsqu'il y en a plus d'un dans une même communauté, devaient mieux coordonner leurs ressources pour en faire un usage optimal. Un cas d'espèce est apparu au cours de la visite, celui de deux hôpitaux ayant un certain nombre de lits pour patients chroniques. La solution évidente serait de réunir tous ces patients dans le même établissement en vertu du même programme.
- La participation des citoyens âgés de Sault-Sainte-Marie a grandement encouragé les membres du Conseil. Ils ont, bien sûr, exprimé certaines préoccupations, mais ils ont aussi manifesté une volonté très positive d'accepter de nouvelles tâches et de travailler à l'amélioration de la qualité de

La Banque de talents de l'âge d'or

A la réunion du Conseil consultatif tenue en mars 1982, mademoiselle Hope Holmested, première présidente du Conseil, a parlé aux membres de la Banque de talents de l'âge d'or. En sa qualité de présidente de cette organisation, elle a fait état des progrès réalisés et a expliqué la nature de la banque de talents. L'idée n'est pas nouvelle, mais on en fait une application assez particulière. Il s'agit de recruter les citoyens âgés d'une certaine région pour mettre leurs talents au service de la communauté. En Ontario, il y a toujours un grand besoin de bénévoles, mais on a souvent des difficultés au niveau du recrutement particulièrement si l'on recherche des gens qui ont certains talents particuliers. Les personnes âgées forment une immense réserve d'expérience et d'habiletés. Un registre central des talents disponibles permettrait, d'une part, aux citoyens du troisième âge qui en ont le goût de s'inscrire et, d'autre part, aux organisations qui ont besoin de ces talents de trouver les ressources dont elles ont besoin. Les membres du Conseil consultatif appuient sans réserve cette proposition; ils ont donc soumis, le 30 mars 1982, la recommandation suivante à l'honorable Margaret Birch :

LE CONSEIL CONSULTATIF DE L'ONTARIO SUR L'ÂGE D'OR RECOMMANDE QUE "PUISQU'IL EST SOUHAITABLE DE FAIRE APPEL AUX TALENTS ET HABILETÉS DES RETRAITÉS POUR DONNER À L'ÂGE D'OR L'OCCASION DE SE RENDRE UTILE À LA COMMUNAUTÉ ET, EN MÊME TEMPS, FOURNIR AUX ORGANISATIONS LES PERSONNES RESSOURCES QUI LEUR SONT NÉCESSAIRES ET SATISFAIRE DES BESOINS QUI NE LE SÉRAIENT PEUT-ÊTRE PAS AUTREMENT, LE CONSEIL CONSULTATIF DE L'ONTARIO SUR L'ÂGE D'OR APPUIE, EN PRINCIPLE, LA CRÉATION DE BANQUES DE TALENTS AU SEIN DES DIVERSES COMMUNAUTÉS DE L'ONTARIO".

Le Conseil est d'avis que cette entreprise peut permettre de constituer une ressource efficace et combien nécessaire dans les communautés ontariennes. De tels efforts peuvent donner aux personnes âgées l'occasion de continuer de participer aux activités communautaires.

Le coût des médicaments pour les bénéficiaires du Régime de médicaments gratuits

La prise de position du Conseil exposée dans le document intitulé "Medication and the Older Adult" montre, entre autres, que, dans le présent système, les personnes âgées ignorent le coût des médicaments, alors que les autres consommateurs connaissent le prix qu'ils doivent payer. Or, les citoyens du troisième âge, ayant connu l'époque de la dépression et travaillé très dur, connaissent la valeur de l'argent. Il est certain que le Régime de médicaments gratuits procure une grande sécurité aux citoyens âgés qui doivent prendre des médicaments coûteux pendant une période de temps prolongée, mais le coût de ce régime universel semble s'accroître à un rythme hallucinant. Le Conseil consultatif croit depuis longtemps que les programmes d'aide aux personnes âgées ne devraient pas être universels, mais plutôt adaptés aux besoins des individus. Il est possible que certains consommateurs comprennent mal le fonctionnement du Régime de médicaments gratuits. Certains peuvent penser que les frais ainsi occasionnés ne sont assumés par personne et les bénéficiaires n'apprécient pas toujours à leur juste valeur les biens qui ne leur ont rien coûté. A la lumière des questions soulevées dans la prise de position du Conseil, celui-ci a adressé à l'honorable Margaret Birch, le 30 mars 1982, la recommandation suivante :

"QUE LE GOUVERNEMENT DE L'ONTARIO METTE EN OEUVRE UN SYSTÈME EN VERTU DUQUEL LE COÛT DES MÉDICAMENTS QUE LES PERSONNES ÂGÉES REÇOIVENT GRATUITEMENT LEUR SOIT INDiqué PAR ECRIIT".

Cette recommandation s'inspire de la conviction du Conseil qu'une juste appréciation du coût des médicaments peut mettre un frein à la surconsommation et protéger efficacement l'utilisateur.

Guide de la Semaine de l'âge d'or

Un tel document est né du désir du Conseil consultatif de faire valoir le rôle des citoyens âgés dans l'organisation et le déroulement des festivités de la Semaine de l'âge d'or au sein de la communauté, dans un esprit d'échange véritable entre les générations. Le Conseil ayant accepté de coparrainer la Semaine de l'âge d'or de 1981, il constata, à l'étape de la planification, que les citoyens âgés organisaient un grand nombre d'activités à travers la province. Par contre, aucun mécanisme ne leur permettait de partager certaines idées innovatrices qui perçaient un peu partout. Le guide donne un bref historique de la Semaine de l'âge d'or en Ontario et aborde quatre thèmes majeurs ou catégories d'activités.

Le premier thème est celui de la célébration. Il y est question de certains types d'activités ayant trait aux festivités, tels l'Ainé de l'année, les pique-niques, les croisières, etc.

Le deuxième thème porte sur l'éducation. On y rappelle que la Semaine de l'âge d'or est non seulement l'occasion de se réjouir, mais aussi d'apprendre. L'objet est de faire valoir l'habileté des aînés ou, complémentairement, de leur apporter quelque chose de nouveau. Parmi les activités

décrites, il convient de mentionner les expositions, les conférences, les récits du passé et les concours oratoires.

Le troisième thème est le sport. Son objet est de stimuler la participation et de prôner un mode de vie plus sain. Les activités proposées sont, par exemple, les olympiades de l'âge d'or, les "marchethons" et autres événements sportifs du même genre.

Le dernier thème est celui même qui était proposé pour la Semaine de l'âge d'or de 1981 qui s'intitulait "Nous avons tous quelque chose à offrir". Plusieurs des activités décrites ont trait aux expositions et activités avantageuses pour les participants. Il s'agit de faire quelque chose pour les autres, pour améliorer la vie au sein de la communauté ou pour venir en aide à ses membres. On suggère, par exemple, d'adopter un petit-fils ou une petite-fille, d'offrir un cadeau aux personnes immobilisées, de faire une fête de quartier ou d'organiser une campagne d'embellissement.

Le guide offre toutes sortes de suggestions pour célébrer la Semaine de l'âge d'or. La diversité des exemples recueillis à travers l'Ontario montre l'ingéniosité des citoyens âgés. Les aînés et leurs cadets ont beaucoup de choses à partager s'ils allient leurs talents, leur imagination et leur expérience et la Semaine de l'âge d'or peut connaître un succès fantastique auprès de chacun.

jeune mais soit excessive si on l'administre à un patient âgé.

Le rôle des médecins s'est également modifié. Il y avait jadis le médecin de famille qui faisait ses visites en boogie! Mais la spécialisation et les horaires chargés ont changé les relations qu'entretenaient le médecin et son patient. Au lieu de soigner des groupes familiaux à domicile, il traite maintenant des particuliers dans son cabinet. Toutefois, on a pu constater récemment que cette situation avait tendance à changer dans certaines régions.

On assiste, en effet, à une renaissance de la médecine familiale et à l'accroissement des connaissances sur la condition des personnes âgées. C'est ainsi que les facultés de médecine ont commencé à enseigner la gériatrie et qu'un nombre grandissant de médecins se spécialisent dans ce domaine. Toutefois, la formation gériatrique des autres professionnels de la santé et des services sociaux n'est pas encore très poussée. Il faudra l'intensifier car c'est cette formation qui sera la plus utile à la population qui prend de l'âge.

On constate aussi que certains segments de la société sont devenus plus dépendants des autres, soit du gouvernement, soit d'autres services de soutien. Cela doit changer si nous voulons être bien portants sur le plan social, économique, physique et émotif. Trop de gens considèrent que l'âge d'or est une période de régression et de déclin plutôt qu'une phase normale de la vie humaine.

Les personnes âgées, à cause de leurs connaissances et de leur longue expérience, doivent être appelées à montrer le chemin. Ce sont l'attitude positive devant la vie, le soin qu'elles prennent de leur corps et de leur esprit, l'aptitude à s'adapter aux changements et à faire face au stress qui caractérisent les personnes âgées saines et autonomes. Lorsque les pressions deviennent trop grandes et que la maladie en résulte, il est raisonnable de chercher à obtenir de l'aide.

Il est tout à fait dans l'ordre de ne pas accepter d'embêter le type d'intervention proposé. C'est l'occasion de découvrir comment on peut, par soi-même, mener une vie saine, heureuse et équilibrée.

Les statistiques du gouvernement de l'Ontario montrent que, depuis l'avènement du Régime de médicaments gratuits pour les personnes âgées de cette province, la consommation s'est accrue de façon alarmante. De 25 millions de dollars que ce programme coûtait en 1974, il est passé à 125 millions de dollars en 1980 et on prévoit qu'il atteindra 210 millions de dollars en l'an 2001. Si on considère que la population âgée était de 670 mille âmes en 1974 et de 840 mille âmes en 1980, on en vient à se poser de sérieuses questions sur la consommation de médicaments. On a beau soustraire l'augmentation du prix des médicaments dans cet intervalle, le rapport entre la consommation et le nombre de citoyens âgés demeure alarmant. Tous sont responsables de cet état de chose, consommateurs et dispensateurs.

Chacun de nous doit assumer la responsabilité de son propre état de santé en se donnant un mode de vie qui convient à ses besoins physiques, mentaux, émotifs, sociaux et spirituels.

probablement préparé un grand nombre de citoyens du troisième âge à s'adapter aux bouleversements économiques et l'ère de transition que nous vivons. Du point de vue scientifique, nous avons également connu de nombreux changements. Certains ont amélioré notre mode de vie, tels les progrès de la médecine, mais ont en même temps suscité de nouveaux problèmes.

Il importe de bien considérer l'évolution de notre société, des soins médicaux, de même que de notre population vieillissante pour comprendre nos préoccupations actuelles en ce qui touche l'usage des médicaments chez les personnes âgées.

Depuis le tournant du siècle, l'espérance de vie s'est accrue. La protection beaucoup plus efficace des nouveau-nés et les découvertes médicales permettant de déterminer la cause de certaines infections et de prévenir certaines maladies comme la typhoïde, la tuberculose, la diphtérie et la petite vérole, ont ajouté bien des années à la vie moyenne des individus. De nos jours, les maladies chroniques sont plus répandues, résultat d'un environnement vicieux et du stress subi pendant des années.

Cela s'applique à tous les groupes d'âge, mais les gens âgés ont eu plus de temps pour accumuler des causes d'affections chroniques. Ils présentent donc souvent un plus grand nombre de symptômes de maux chroniques que leurs cadets.

Parmi les aspects négatifs de mode de vie, il convient de mentionner la malnutrition, l'insuffisance d'exercice physique due à un manque de connaissance, un stress excessif et, ce qui est encore plus important, une inconscience regrettable des responsabilités personnelles à l'égard de la société, de l'environnement et de la santé de chacun.

Il y a aussi un aspect positif : les expériences qu'ont vécues les personnes âgées peuvent grandement les aider à vivre une vie mieux remplie, plus valorisante et plus saine.

Les personnes du troisième âge qui souffrent de plusieurs affections chroniques se voient souvent prescrire un certain nombre de médicaments pour soulager les symptômes de leurs maladies. C'est souvent aussi l'origine de nombreux problèmes.

On comprend qu'une société qui a été témoin de l'éradication de maladies infectieuses très graves par l'emploi de médicaments miracles se tourne vers des remèdes de même nature pour guérir les maux chroniques.

Cependant, le genre de maladies attribuables à des problèmes liés au mode de vie tels l'obésité, l'abus d'alcool, l'usage du tabac, le stress excessif et les effets toxiques des produits chimiques et des polluants, ne se laissent pas vaincre par les médicaments de la même façon que les infections. Il y a lieu de modifier son mode de vie pour obtenir des résultats valables.

En outre, il est toujours à craindre que les médicaments prescrits aux personnes âgées souffrant de maladies chroniques aient des effets secondaires. Si un même individu souffre de plusieurs affections chroniques, il peut se voir prescrire un certain nombre de médicaments qui engendrent à leur tour de nouveaux symptômes qu'on traitera en ajoutant d'autres médicaments. Il arrive aussi qu'une certaine dose convienne parfaitement à une personne plus

Les personnes âgées et les médicaments

Le Conseil consultatif de l'Ontario sur l'âge d'or a préparé ce document pour stimuler le débat sur la consommation de médicaments que font les citoyens du troisième âge. Le progrès scientifique a produit beaucoup de remèdes qui soulagent les maux passagers ou chroniques, procurent quelquefois la guérison et aident les patients à s'adapter à un nouveau mode de vie ou à se réinsérer dans une situation normale. Toute forme de progrès entraîne un risque d'abus ou de mauvais emploi.

Ce document aborde donc une éventuelle surconsommation ou même un abus des médicaments, pour inciter les gens à réfléchir aux meilleurs moyens de protéger leur santé et leur bien-être. Il s'adresse aux citoyens âgés de l'Ontario et contient une liste de questions que chacun peut poser au médecin ou au pharmacien ou auxquelles le consommateur pourrait répondre lui-même.

L'abus ou le mauvais emploi des médicaments pour soulager les symptômes qu'éprouvent souvent les personnes âgées sont un sujet de préoccupation pour les professionnels de la santé et même, de plus en plus, pour les citoyens âgés eux-mêmes. Plusieurs médecins et gérontologues se sont intéressés à ce phénomène. Le but du document est de préciser la nature de certains problèmes afin que les personnes de l'âge d'or se rendent compte qu'elles sont responsables de leur propre vie et de leur propre bien-être physique.

On y considère comment la situation présente s'est développée du point de vue de la société; on y expose des données pertinentes sur la façon dont les gens conçoivent actuellement la situation et on y fait des recommandations sur les options de traitement éventuelles qui pourraient corriger les problèmes actuels entourant l'abus ou le mauvais emploi des médicaments par les personnes âgées.

Les personnes âgées de 80 ont connu le plus grand nombre de bouleversements sociaux, économiques et techniques ainsi que de percées scientifiques depuis les débuts du monde. L'âge d'or d'aujourd'hui rassemble des survivants! L'évolution technique dans certains domaines tels les transports est vraiment incroyable. Nous sommes passés du cheval à l'avion et nous sommes même allés au-delà. L'un des inconvénients de cet état de chose, c'est que nous marchons moins et que notre activité physique a beaucoup diminué. Le colportage des nouvelles et les assemblées de la mairie ont fait place à la radio, la télévision et les satellites qui nous relient les événements du monde entier à mesure qu'ils se produisent. La société est devenue beaucoup plus complexe : elle nous impose de déchiffrer des messages si nombreux et si compliqués que nous pouvons souffrir d'une surdose d'information. Les systèmes de valeurs et les coutumes établies de notre société occidentale se transforment continuellement.

Les personnes âgées se souviennent des jours difficiles de la dépression et de la fierté qu'elles éprouvaient à tenir le coup. Elles sont passées à une société d'abondance où chacun réclame ses droits et prétend que le monde lui doit le gîte et la subsistance. Les expériences qu'elles ont vécues ont

dans cette région. On considère que tous les citoyens ontariens du troisième âge peuvent recevoir les services essentiels à une certaine qualité de vie; cependant, les différences géographiques à travers la province nous invitent à faire davantage pour ceux qui habitent les localités éloignées des grands centres. Le Conseil a donc reconnu, à l'occasion de ses visites dans le Nord, plusieurs problèmes cruciaux propres à cette région. Entre autres, il convient de mentionner :

1. Le manque ou l'insuffisance de moyens de transport en commun.
 2. L'insuffisance de logements subventionnés, particulièrement dans les plus petites localités.
 3. La difficulté d'accès aux services sociaux et de santé spécialisés, comme ceux des infirmières visitieuses et des aides familiales.
 4. L'insuffisance de soins organisés : soins à domicile, maisons de soins infirmiers et soins prolongés.
- La dispersion de la population, un climat extrêmement rigoureux et la rareté de personnel spécialisé nuisent à la mise sur pied de services normaux pour les citoyens âgés des communautés plus étendues. En conséquence, le Conseil a perçu l'opportunité d'une approche plus centralisée à la prestation des services pour satisfaire les besoins des populations du Nord. La mise en place de centres polyvalents offre une option valable pour les communautés éloignées et celles du Nord. On pourrait regrouper sous un même toit tous les services essentiels pour les rendre plus accessibles et pour faire un usage plus rationnel des ressources. Les principaux objectifs que réaliserait l'approche polyvalente peuvent s'énoncer ainsi :

1. Appliquer une politique conséquente de services de soutien à domicile pour aider les personnes âgées à demeurer dans leur propre logis aussi longtemps qu'elles le désirent. Le gouvernement de l'Ontario a déjà pris un engagement dans ce sens.
2. Obtenir le maximum de rendement des ressources limitées qu'on possède pour satisfaire les besoins particuliers des communautés éloignées et de celles du Nord.
3. Fournir un ensemble intégré de services essentiels qui s'étendent à la santé, aux services sociaux et au logement.
4. Donner des enseignements à jour sur les programmes et services offerts aux citoyens âgés et à leur famille.
5. Regrouper toutes les administrations dans une agence centrale pour assurer aux personnes âgées l'évaluation et le placement qui leur convient.

A cause des besoins particuliers des communautés éloignées et de celles du Nord, le Conseil croit qu'il faut adopter une approche innovatrice pour fournir des services de base à la population âgée de ces milieux. Si on ne peut s'attendre à satisfaire tout le monde, du moins convient-il d'amorcer certaines initiatives pour rendre plus uniforme la qualité de vie de tous les citoyens âgés de la province.

personnes assistées sans que cela dépende de leur état matrimonial.

—L'Ontario devrait appuyer la proposition d'accorder aux femmes qui élèvent leurs enfants une suspension provisoire en ce qui concerne le Régime de pensions du Canada, pour qu'une telle proposition puisse faire l'objet d'une loi.

—On devrait accorder plus d'importance, dans les régimes de pensions privés, aux indemnités accordées aux survivants.

—On devrait révéler clairement aux bénéficiaires de régimes de pensions privés les conditions de leur régime, les cotisations de l'employeur et de l'employé ainsi que les avantages auxquels ils ont droit.

—Les régimes de pensions du secteur public devraient être soumis aux mêmes règlements que ceux du secteur privé, sans que les avantages qu'ils comportent puissent dépasser ceux du secteur privé. Ils devraient en outre être soumis à un contrôle efficace des frais d'opération.

—Tout comme cela se fait pour la Sécurité de la vieillesse, l'indexation au coût de la vie du Régime de pensions du Canada devrait se faire trimestriellement.

Le Conseil consultatif a indiqué la nécessité de clarifier certaines recommandations de la Commission royale, celles qui touchent en particulier au Système provincial de retraite universelle (SPRU); à l'usage de tables uniformes de mortalité pour les deux sexes; aux modifications proposées à la Loi de l'impôt sur le revenu, qui soumettraient à l'impôt tout revenu de quelque provenance qu'il soit; et au principe d'un allègement fiscal pour compenser le taux d'inflation.

Les personnes âgées et la surdité

S'appuyant sur une présentation de la Société canadienne de l'ouïe et préoccupé par le taux élevé de perte de l'ouïe chez les personnes âgées, le Conseil a préparé un document faisant état des difficultés courantes et recommandant certaines mesures pour contrer la perte de l'audition. La principale préoccupation qui ressort de ce document, c'est la nécessité d'orienter médicalement les individus lorsqu'on procède à l'évaluation de l'audition et, si on décide une perte de l'ouïe, de recommander un correctif. Il existe des services spécialisés pour les sourds et les malentendants, mais le public n'y a pas facilement accès. Cela peut gêner les personnes âgées qui n'ont peut-être pas de moyen de transport comme on peut le trouver au cabinet du médecin ou à la clinique.

Le document traite de certains besoins pressants des citoyens âgés dans le domaine de la santé de même que dans celui des prothèses, du langage par signes, de la lecture labiale et d'un modèle recommandé pour la prestation de soins auditifs dans les établissements de soins prolongés.

Le même document présente cinq recommandations pour que les malentendants âgés puissent recevoir les soins auditifs que nécessite leur condition. **Le Conseil consultatif de l'Ontario sur l'âge d'or recommande donc :**

1. Que le ministère de la Santé tienne compte du succès qu'a remporté le programme pilote de l'unité mobile de la Société canadienne de l'ouïe et en diffuse les constatations de manière à inciter les organismes communautaires à apporter leur appui.
 2. Que le ministre de la Santé demande au ministre des Collèges et Universités d'encourager la formation d'audiologues et de personnel de soutien spécialement formé pour soigner la surdité de plus en plus fréquente au sein de la population. (Cette recommandation a été faite par le Conseil ontarien de la santé en 1978.)
 3. Que l'association des centres de l'âge d'or de l'Ontario reçoive l'appui nécessaire pour mettre sur pied un programme de consultation auditive et de leçons de lecture labiale, pour venir en aide aux malentendants âgés.
 4. Que le ministère de la Santé et le ministère des Services sociaux et communautaires demandent à l'association des foyers pour personnes âgées, à l'association des maisons de soins infirmiers, à l'association des centres de l'âge d'or ainsi qu'aux services de santé de district d'inciter leur personnel et leurs bénévoles à faire tout ce qu'ils peuvent pour déceler les cas de maladie et à mettre sur pied des conférences avec les personnes atteintes.
 5. Que les foires communautaires sur la santé et les associations qui ont les mêmes objectifs effectuent des examens auditifs, donnent des conseils sur la valeur des appareils auditifs, fassent valoir l'importance de ces examens et expliquent comment entretenir ces appareils.
- Au cours des dernières années, notre société a vu augmenter de façon alarmante la fréquence des cas de maladie. On a constaté, en particulier, qu'une proportion importante des citoyens âgés souffrent de troubles auditifs. Le Conseil est persuadé qu'il faut tout mettre en oeuvre pour prévenir les pertes de l'ouïe et déceler les cas de maladie. Il est d'avis qu'il faut trouver les moyens de réduire les difficultés qu'éprouvent les personnes âgées qui souffrent actuellement de surdité.

Modèle de prestations de services aux collectivités isolées et aux résidents du Nord de l'Ontario

Ayant visité diverses collectivités dans le Nord de l'Ontario au cours des deux dernières années, le Conseil consultatif a décidé de produire un document sur les besoins particuliers des personnes âgées

Rapport soumis à la réunion technique régionale pour l'Amérique du Nord sur le vieillissement, afin de préparer la Conférence mondiale sur le vieillissement de 1982.

L'Assemblée générale des Nations Unies convoque une conférence mondiale sur l'âge d'or en juillet et août 1982, à Vienne (Autriche). Cette conférence a pour but d'examiner le phénomène mondial qu'est le vieillissement relatif et absolu de la population. Ce phénomène, qui s'ajoute à l'importance accrue accordée au développement, a des incidences très sérieuses sur la culture, la santé et l'économie de nombreuses sociétés prises dans leur ensemble et, plus particulièrement, sur les citoyens du troisième âge. Cela préoccupe les pays industrialisés autant que ceux en développement. En prévision de la Conférence mondiale, on a tenu une réunion technique régionale pour l'Amérique du Nord sur le vieillissement, au United States Department of State, à Washington, D.C., en juin 1981. Quelque 200 délégués américains et 60 Canadiens y assistaient. Le Conseil consultatif de l'Ontario sur l'âge d'or y était représenté par son président, Douglas H. Rapelje, qui a fait rapport sur les travaux et les préoccupations du Conseil. Le rapport fait état du mandat et des fonctions du Conseil en indiquant ses principaux domaines d'activité: (a) les recommandations, (b) les études et les mémoires et (c) la communication avec les personnes âgées soit en groupes, soit individuellement. Dans chacun de ces domaines, on peut puiser des exemples qui mettent en lumière les problèmes auxquels s'intéresse le Conseil et dont il tire d'ailleurs la substance de ses principaux mémoires. La dernière section sur les communications traite des méthodes qu'utilise le Conseil pour recueillir les opinions et les suggestions du troisième âge.

Le rapport conclut que le Conseil consultatif constitue une expérience intéressante en ce qu'il établit un lien objectif entre les personnes âgées et le gouvernement. De nombreuses réalisations importantes ont amené des changements qui permettent de mieux satisfaire les besoins des citoyens du troisième âge. Le Conseil est resté très souple de manière à tenir compte de l'évolution constante des modes de vie. Parmi les aspects les plus importants du rôle qu'il a joué, il faut citer la création et la promotion de circonstances qui rendent

Commentaires sur le rapport de la Commission royale d'enquête sur le statut des régimes de pensions en Ontario

plus autonomes les personnes âgées. Puisque la population du globe vieillit constamment, l'âge d'or demandera une attention croissante de la part du public et exercera une influence de plus en plus forte sur l'économie, la politique et les mesures sociales.

Pour les citoyens du troisième âge, les régimes de retraite sont d'une importance capitale. En conséquence, le Conseil consultatif s'est vivement intéressé à ce sujet depuis son institution en 1974. La création, au printemps de 1977, de la Commission royale d'enquête sur le statut des régimes de pensions en Ontario, puis les audiences publiques qu'elle a tenues ont fait ressortir un grand nombre de problèmes qui avaient fait l'objet des recommandations du Conseil. Celles de la Commission royale ont d'ailleurs appuyé les suggestions qu'avait faites le Conseil. Celui-ci a examiné attentivement le rapport de la Commission royale et soumis ses commentaires à l'honorable Margaret Birch, Secrétaire de la province aux Affaires sociales. Dans ses commentaires, le Conseil rend hommage à la Commission royale qui a su faire une étude exhaustive et appuyée sans réserve les conclusions suivantes.

—À l'avenir, toute aide supplémentaire offerte aux personnes âgées devrait se traduire par des paiements en espèces plutôt que par une augmentation de services.

—Le niveau des paiements de base en vertu du Supplément de revenu garanti du gouvernement fédéral (SRG) et du Régime de revenu annuel garanti (GAIRS) de l'Ontario devrait être mis à jour pour que les personnes seules reçoivent au moins 60 pour cent du montant payable aux couples mariés.

—Le seuil de 65 ans devrait être retenu tant par le gouvernement fédéral que par les gouvernements provinciaux pour le paiement des avantages sociaux aux citoyens du troisième âge.

—On devrait faire preuve d'une plus grande souplesse en ce qui concerne l'âge de la retraite. —Les allocations accordées aux conjoints devraient être remplacées par un programme plus équitable fondé sur les besoins réels des

J'ai bon espoir qu'en planifiant comme il se doit, en déterminant les besoins avec attention et en faisant participer les personnes âgées, nous pourrions réellement répondre aux besoins de la population âgée dont le nombre s'accroît sans cesse.

Deux personnes que je tiens en grande estime et qui ont eu une grande influence sur ma carrière m'ont précédé et succédé à la présidence; il s'agit de M^{lle} Hope Holmsted, qui a fait un travail formidable durant les débuts du Conseil, et de la nouvelle présidente, M^{me} Fran McHale.

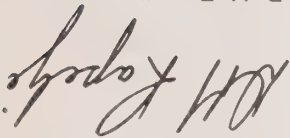
Je veux féliciter M^{me} McHale pour sa nomination et assurer le gouvernement et les personnes âgées de l'Ontario que le Conseil est entre les mains d'une personne remarquable par ses connaissances et son dévouement.

Je veux également rendre hommage au dévouement des personnes qui ont fait partie du Conseil durant mon mandat de président, car les réalisations du Conseil résultent des efforts de toute l'équipe. J'exprime aussi ma gratitude au personnel du Conseil, sous la direction de M^{me} Elizabeth Szalowski, pour son appui et son dévouement.

Je remercie sincèrement le premier ministre, M. William Davis, l'honorable Margaret Birch et le gouvernement de l'Ontario pour la confiance qu'ils m'ont témoignée. Bien peu de gens ont le privilège de servir les personnes âgées de l'Ontario.

En dernier lieu, je remercie mon épouse, Carol, et mes quatre enfants pour la compréhension et l'appui qu'ils m'ont accordé durant une période de ma vie qui s'est avérée très exigeante.

Le président,



D. H. Rapelje

ministères des gouvernements fédéral et provincial, ils ont recours à des méthodes variées pour établir l'admissibilité, lesquelles peuvent aller d'une vérification des besoins à un système universel gratuit. Ainsi, il est difficile d'offrir à l'individu les services appropriés et de tirer le meilleur parti possible du système. La façon d'octroyer les subventions d'immobilisation ou d'exploitation influe aussi énormément sur l'évolution de la prestation des services, et il se pourrait que l'on ait trop tendance à placer les personnes âgées dans des établissements.

—Une comparaison de l'accroissement des dépenses entre 1970 et 1980 illustre bien la nécessité de planifier pour les générations à venir. Dans le secteur des soins à long terme, le gouvernement de l'Ontario y a affecté 70 millions de dollars en 1970 et 44,5 millions en 1980, tandis que, dans le domaine des services communautaires, comme les soins à domicile, les services d'infirmités visitées ou les centres pour personnes âgées, le gouvernement provincial a dépensé 10 millions de dollars en 1970 et 40 millions en 1980. Ces chiffres sont exprimés en dollars de 1980 à valeur stable.

Cet exemple illustre bien l'urgente nécessité d'affecter une plus grande part de nos ressources aux programmes de prévention et d'appui à l'intention des personnes âgées et aux solutions les moins coûteuses.

Il est évident que le profil de la population âgée est en train de changer et que les responsables de la planification doivent reconnaître qu'à l'avenir les personnes âgées seront plus instruites et plus exigeantes vis-à-vis du système et de la société.

—Nous devons favoriser l'utilisation des ressources personnelles, familiales et communautaires afin de faire face au défi que pose le vieillissement.

—Nous devons en outre faciliter les échanges et la compréhension entre les générations, car c'est toute la société qui en bénéficiera.

C'est la troisième fois que j'ai le privilège de rendre compte des activités du Conseil consultatif de l'Ontario sur l'âge d'or. Formé par le gouvernement de l'Ontario en 1974, le Conseil a pour mandat de développer et d'encourager l'autonomie chez les personnes âgées et d'étudier les politiques qui ont quelque rapport avec le vieillissement et l'économie.

Ces trois dernières années, un grand nombre de programmes et de services ont été créés dans le but d'améliorer la qualité de la vie des personnes âgées; si l'on envisage l'avenir, on se rend compte que les gouvernements et la société auront de nombreux défis à relever.

Vu l'accroissement du nombre de personnes âgées et étant donné l'état actuel de l'économie, tous les paliers de gouvernement doivent examiner leurs politiques sur le vieillissement et se livrer à une meilleure planification s'ils veulent répondre aux exigences croissantes en matière de services médicaux et sociaux.

On dit que l'on peut juger un pays d'après la façon dont les aînés y sont traités. Nous pourrions faire face aux défis qui se poseront à l'avenir dans la mesure où les gouvernements auront adopté les politiques qui s'imposent et où la société aura accepté d'affecter aux personnes âgées les ressources jusque-là consacrées aux plus jeunes.

L'estime que le Conseil doit jouer un rôle de premier plan en précisant davantage l'orientation que le gouvernement doit se donner pour veiller à ce que tous les Ontariens âgés puissent vivre dans la dignité et bénéficier des services et de l'appui dont ils ont besoin.

Les membres du Conseil se sont rendus dans de nombreuses localités rurales et urbaines et ont eu l'occasion de s'entretenir avec des personnes âgées, des représentants des municipalités et des pourvoyeurs de services. Ils ont ainsi pris connaissance de faits positifs, mais aussi de certains problèmes et préoccupations qui sont consignés dans le présent rapport.

Je suis heureux que l'une des principales recommandations faites par le Conseil durant mon mandat ait donné lieu à la création du Secrétariat du troisième âge. À mon avis, l'établissement du Secrétariat permettra d'étudier la question du vieillissement à l'échelon provincial et contribuera à la coordination des programmes, des politiques et des lois entre les divers ministères, résolvant ainsi ce que je considère depuis longtemps comme un grand problème dans notre province.

En 1981, le groupe d'étude provincial sur le vieillissement, après consultation auprès du Conseil consultatif de l'Ontario sur l'âge d'or, a présenté un rapport très complet intitulé *Les personnes âgées en Ontario: Un programme pour les années 1980*. Le rapport passe en revue les politiques et les programmes actuels du gouvernement de l'Ontario en fonction des besoins des personnes âgées d'aujourd'hui, et il présente une série de recommandations qui permettront au gouvernement

de se préparer à répondre aux besoins futurs. J'ai constaté avec plaisir que le rapport contenait un grand nombre des recommandations du Conseil, et je suis sûr qu'il influera énormément sur la façon dont l'Ontario fera face aux besoins des aînés à l'avenir. Le Conseil aura un véritable défi à relever: surveiller et faciliter la mise en œuvre des recommandations du rapport.

Nous avons tendance à faire état du nombre croissant de personnes âgées qui ont besoin d'aide, mais il importe de se rappeler que la plupart d'entre elles mènent une vie autonome et productive et que de quinze à vingt pour cent seulement vivent en établissement ou ont besoin de services. Il importe également de reconnaître ce fait et d'affecter une plus grande part de nos ressources aux services communautaires et aux programmes de prévention visant à favoriser l'indépendance, l'effort personnel, l'orientation personnelle et le mieux-être.

Pour améliorer la qualité de la vie de toutes les personnes âgées, je suggère que l'on tienne compte des points suivants:

— Il est impératif que la société dans son ensemble comprenne et accepte que le vieillissement fait partie intégrante de la vie et que disparaisse le mythe selon lequel on change radicalement lorsque l'on atteint l'âge de 65 ans.

— En raison des changements prévus dans la répartition des groupes d'âge, les personnes âgées d'aujourd'hui, de même que celles de demain, doivent favoriser les programmes d'efforts personnels et assumer la responsabilité de leur propre bien-être. L'époque où les autres prenaient soin de nous semble tirer à sa fin, et les personnes âgées devront de plus en plus s'occuper d'elles-mêmes.

— Les personnes âgées et les organismes qui s'en occupent doivent également se faire entendre davantage, exprimer leurs besoins et utiliser leur force politique. Il faut remettre en question la tendance actuelle qui tire profit du vieillissement pour multiplier les services et le matériel destinés aux personnes âgées, afin de déterminer si ces activités favorisent les personnes âgées ou si elles servent plutôt les intérêts des pourvoyeurs.

— En ce qui a trait aux régimes universels et au financement des programmes, le Conseil consultatif de l'Ontario sur l'âge d'or s'est interrogé sur l'approche universelle du gouvernement provincial en matière de services sociaux et médicaux à l'intention des personnes âgées. La question est également soulevée dans le rapport intitulé *Les personnes âgées en Ontario: Un programme pour les années 1980*.

Notre système tend à traiter les personnes de 65 ans ou plus comme si elles étaient toutes pauvres. Le Conseil estime qu'il est urgent de rationaliser la question des frais imposés à l'usager et des subventions pour l'exécution de programmes, car ces questions influent sur l'utilisation et sur l'évolution du système. Comme les programmes sont souvent financés par l'entremise de divers

Le mandat du Conseil

Le Conseil consultatif de l'Ontario sur l'âge d'or a été créé le 24 avril 1975 par un arrêté ministériel sanctionné par Son Honneur le

Lieutenant-gouverneur de l'Ontario. Il se compose d'un président, de deux vice-présidents et de 15 membres venant des différentes régions de la province et représentant divers milieux et occupations. La plupart sont des personnes âgées et tous sont actifs dans leur communauté respective. Le Conseil a pour mandat:

1) par l'entremise du Secrétaire de la province aux Affaires sociales, de conseiller le gouvernement de l'Ontario sur ce qui touche aux personnes âgées ou vieillissantes et, sans restreindre le sens général de ce qui précède, a) de promouvoir et de susciter les occasions de rendre plus autonomes les personnes âgées pour leur procurer la satisfaction et les avantages auxquels elles ont droit en tant que membres de la société.

b) d'examiner les politiques courantes qui ont une incidence sur le vieillissement et sur l'économie, et touchant l'emploi, la préparation à la retraite, le maintien du revenu et d'un bon état de santé, les services et installations gouvernementaux et autres, particulièrement en ce qui concerne l'éducation ainsi que les programmes de logement, de soins prolongés et autres services semblables.

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Membres du Conseil 1981-1982

*Rapelje, Douglas H., président

*Johnston, Florence, vice-présidente
*Upshall, Allan, vice-président

Comité sur l'éducation

*Beange, Edna, présidente
Johnston, Florence
Moriarty, May
Mennill, Joe

Comité sur la santé

*Merry, George, président
Epstein, Norman
Howe, Laura
Kinsella, Patricia
MacOdrum, Frances

Comité sur le logement et les services communautaires

*McHale, Frances, présidente
Earhart, Les
Goodin, Richard
Hum, Sing
Lantaigne, Cécile

Comité sur le maintien du revenu

*Withrow, John, président
Barr, Mary Evelyn
Johnstone, Thomas
Upshall, Allan

Siège du Conseil

700, rue Bay
2^e étage
Toronto (Ontario) M5G 2Z6

Personnel:

Elizabeth Szalowski, administrateur
Donald MacGillivray, adjoint administratif

*Membres du comité exécutif



Photo: Ashley & Crippen, Toronto

Margaret Birch
Secrétaire de la province aux
Affaires sociales

Margaret Birch

Madam,

Nous avons l'honneur et le plaisir de vous remettre
le huitième rapport annuel du Conseil consultatif
de l'Ontario sur l'âge d'or pour l'année finissant le
31 mars 1982.



Allan Upshall
Vice-président



Douglas H. Rapelje
Président



Florence Johnston
Vice-présidente



George Roach

—D'origine galloise et vétéran de la Première Guerre mondiale, George Roach s'installa à St. Catharines en 1940, après avoir demeuré à Winnipeg et à Welland. Il exerça le métier de maçon qui était aussi celui de son père, tout en entretenant un rêve d'enfance de pouvoir peindre un jour.

Monsieur Roach réalisa ce rêve après la retraite qu'il trouvait ennuyeuse et sans but. À l'âge de 84 ans, il est maintenant installé au foyer de l'âge d'or Linwell Hall où il peint toujours. Il affirme que la peinture donne un sens à sa vie et lui procure beaucoup de satisfaction. La couverture montre un détail de sa toile intitulée "Vue de St. Catharines".



Conseil consultatif de
l'Ontario sur l'âge d'or

Rapport annuel
1981/82

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Ontario Advisory Council on Senior Citizens

Annual Report 1982/83



Honourable Margaret Birch
Provincial Secretary for Social Development

Margaret Birch



Photo—Ashley & Crippen, Toronto

Dear Mrs. Birch:

It is with great pleasure that we present to you the ninth Annual Report of the Ontario Advisory Council on Senior Citizens for the year ending March 31, 1983.

Sincerely,



Allan Upshall
Vice-chairman



Frances McHale
Chairman



Florence Johnston
Vice-chairman

Council Members 1982/83

McHale, Frances, Chairman

London

Johnston, Florence, Vice-Chairman

Thunder Bay

Upshall, Allan, Vice-Chairman

Willowdale

Barr, Mary Evelyn

Chatham

Beange, Edna

Toronto

Earhart, Leslie

Scarborough

Goodin, Richard*

Oakville

Hum, Sing

Toronto

Lanteigne, Cecile

Kapuskasing

MacDonell, Robert

Kenora

MacOdrum, Frances

Brockville

Mennill, Joe L.

Aylmer

Merry, George

Kingston

Moriarty, May

Port McNicoll

Munro, John McCulloch

North York

Powell, Harry

Dundas

Sloan, Christine

Ottawa

Withrow, John

Toronto

*deceased

Council's Office

700 Bay Street
2nd Floor
Toronto, Ontario, M5G 1Z6

Staff:

Elizabeth Szalowski, Senior Executive Officer
Chris Stewart, Administrative Assistant

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Council's Mandate

The Ontario Advisory Council on Senior Citizens was established on April 24, 1974 by an Order-in-Council approved by Her Honour the Lieutenant Governor of Ontario. The Council consists of a Chairman, two Vice-Chairmen and fifteen members selected from across the province. Members are from a diversity of backgrounds and occupations, most of them seniors. All members are active in their communities.

The mandate of the Council is:

To advise the Government of Ontario through the Provincial Secretary for Social Development on matters pertaining to the well-being of the aged and aging persons, and without limiting the generality of the foregoing;

- a) to further promote the development and creation of opportunities for self-help for the aged, to their satisfaction and advantage as members of society as a whole;
- b) to review current policies which have a bearing on aging and the economy, involving employment, preparation for retirement, income maintenance and health measures, services and facilities of government and otherwise, including education, programs on housing, long term care, and other related services.

Chairman's Remarks

This is the first time I have the privilege to report on behalf of the Ontario Advisory Council on Senior Citizens, since my appointment as Chairman in 1982. An interesting and challenging year has now been completed. Since the Council's inception there were two dynamic and innovative Chairmen—Hope Holmsted and Douglas Rapelje. They built the foundation and they left a rich legacy of recommendations and studies. I have been given the opportunity and responsibility to build further on this foundation.

The Council's overall aim is to promote and develop opportunities for self-help and independence for the aged. In order to achieve independence there has to be a combination of efforts—society has to change its attitudes towards the aged and aging and at the same time provide services to allow seniors to manage their own lives. The Advisory Council works simultaneously in these two areas.

Attitudes have undergone many changes in the last decade—even the media is devoting more time and space for wrinkles, and less on baby powder. There is a growing recognition of the value to society of elderly people, both as service givers and as consumers with considerable power in the market place. Planning for the future must take their demands, and perceived needs into account and use their skills more effectively. While the aged are being more accepted, there is also an increasing demand on them to do voluntary work and help society as a whole. Such work is desirable but it should not take away the seniors rights for leisure, nor cast aspersions on those senior citizens who do not wish to participate in providing organized volunteer services. The right to remain inactive should be recognized, along with the right to activity, whether volunteer or paid.

Our attitudes have also changed in that we don't regard everyone on the day they become sixty five as entering a homogeneous group of the elderly. There is a span of some thirty years to consider—within that span there are a number of life styles. I would like to suggest that planners for today—and for the future—keep this fact in the foreground. After attending the United Nations World Assembly on Aging held in Vienna in July 1982, I returned with a wealth of knowledge on the aged in the developed and developing countries, and also a sense of need to find a new way of distinguishing two groups of older persons, commonly referred to as "young old" and "old old". As the rhythm of the process of aging varies considerably from one individual to the next, it would appear preferable to make a distinction less related to age than to health and functional capacity. Proposals were made to use expressions such as "green old age" and "age of dependency". "Green old age" would indicate vitality and even growth. When an individual requires considerable assistance with the activities of daily living one enters the "age of dependency". At this point it becomes society's obligation to provide services for a dignified life.

This brings me to the second part of our mandate of encouraging independence, and that is the availability of support services for those in need. The Advisory Council has always advocated the provision of home care services in order to allow people to live independently and avoid institutionalization as long as feasible. The Ontario Government has stepped up the provision of home care; however, much more is required across the province. While I agree that high standards of home care have to be adhered to, I sometimes wonder whether for the sake of technical standards we might forget the human side of services. Any service is usually as good as the people providing it. With the technological advances our society has somewhat denegated the status of a care-giver. It has become more and more difficult to recruit men and women for home services. Perhaps we should look at other countries where the home-maker is still an honoured position. The same applies to the families who are the largest group of care-givers in our society. Should we not only acknowledge this fact but also seek some financial assistance to help families in caring for their aged members?

Another area of concern for the future is the legal protection of those elderly who are unable, temporarily or permanently, to make decisions affecting their daily lives. The Advisory Council has prepared some recommendations on a proposed Guardianship Act and will be pursuing further study and possible implementation.

For me personally it has been a very involved year. The legacy I inherited had some of its parts implemented by Government, as you can see in this report under "The Agenda for the 80's." In a way the Council's role has somewhat altered from that of a body solely making recommendations, to that of monitoring existing or proposed legislation.

When I said it was a challenging year I should also add that it was a most rewarding year and I owe thanks to many people.

I thank the Honourable Margaret Birch, Provincial Secretary for Social Development for her dedication, her understanding, and her support, and especially for highlighting family life, with seniors being an integral part of the family. I thank also other Government officials for their support, cooperation and recognition of the work of Council.

My colleagues on the Council bring with them expertise from their own communities, from their educational and professional backgrounds and from their particular areas of concern and interest. I was fortunate that some of the members have had a number of years of service on the Council and thus provided continuity, and the newly appointed members enriched the complement.

On behalf of the Council I would like to express our appreciation to those who made us so welcome during our regional visits and the groups and individuals who made excellent presentations to the Council, and those who wrote in response to articles and information published in "Especially for Seniors".

Regional visits and readers' views provide the Council with valuable input into our recommendations to all levels of government.

My personal thanks go to the Council members and Staff, for their dedication and work.

A handwritten signature in dark ink, reading "Frances McHale". The script is fluid and cursive, with the first name "Frances" written in a more standard cursive and "McHale" in a more stylized, flowing script.

Frances McHale.
Chairman

United Nations World Assembly on Aging

Several years of preparatory activities across the world culminated in the holding of a World Assembly on Aging July 26-August 6, 1982, in Vienna, Austria.

The Ontario Advisory Council on Senior Citizens participated in both the preparatory activities and the Assembly. In June 1981 the Council was represented by former Chairman Douglas H. Rapelje at the North American Regional Technical Meeting on Aging, held at the United States Department of State in Washington, D.C.

In January 1982 the National Council on Aging requested the Ontario Advisory Council's participation in the preparation of a paper to be written for the Non-Governmental Organizations (NGO) contribution to the Canadian Document for the World Assembly on Aging.

Mrs. Frances McHale, Council Chairman was named by the Government of Canada as a member of the Canadian delegation.

The United Nations World Assembly on Aging, attended by delegates from 125 countries, was a historic occasion for both the aging and the international community. It was the first time that the U.N. devoted one of its series of special single issue conferences to the subject of aging. It was also one of the rare occasions that the world community had an opportunity to examine a subject before a crisis situation was upon it.

The U.N. was responding to the fact that an increasing proportion of the world's population is reaching an advanced age. This phenomenon, which has been evident for some time in developed countries will soon be seen in the developing world as well. The purpose of the Assembly was to prepare "The International Plan of Action", to ensure that the social, economic and spiritual needs of the increasing number of aging persons are met, and to give aging persons increased opportunities to contribute to the development of their nations.

In Canada, the federal and provincial governments, and the non-governmental organizations interested in or representative of the aging, co-operated closely in extensive preparation for the important United Nations initiative. A Canadian Governmental Report on Aging, and a Non-governmental Organization Report on Aging resulted from these cooperative efforts, and will serve as important public reference documents in the field. This cooperation was followed up by a strong Canadian delegation participating at the World Assembly, led for the first week at the conference by Senator Maurice Riel, and for the concluding week by Mr. Charles Turner, M.P. for London East. The permanent representative to the Office of the United Nations in Vienna, Ambassador Maurice D. Copithorne was alternate head of the Canadian delegation throughout the conference.

The Canadian delegation participated actively in both of the forums in which the work of the World Assembly was done, forums which met simultaneously for most of the conference. In the Plenary Meetings, each of the 125 member nations and non-governmental organizations attending the Assembly had an opportunity to present their position

on the issues facing the aging. The Canadian position, given on the second day of meetings by Senator Riel, was well received by other delegations.

In the Main Committee, where the International Plan of Action on Aging was drafted, the Canadian position, ably put by members of the Canadian delegation, influenced the substance of the final document. This influence was felt particularly in the areas where Canada believed that the draft document was weak, in paying too little attention to the special needs of aging women, to improving pensions, and to strengthening the voluntary sector.

The Canadian delegation recognized that, because of the sometimes divergent concerns and interests of the nations and non-governmental bodies involved, the International Plan of Action on Aging is sometimes general in its recommendations and that all recommendations are not relevant to the Canadian situation. However, they are convinced that it provides a solid basis on which more specific action plans can be prepared in Canada to ensure that the needs of the aging are met, and that full participation of the aging in this process is assured.

The Canadian delegation welcomed the plan of the Honourable Monique Begin, Minister of National Health and Welfare, to hold a Canadian Assembly on Aging in 1983, where a report of the International Plan of Action on Aging will be discussed and translated into strategies at the national, provincial and local levels. The Canadian delegation asserted that the World Assembly on Aging could be viewed as having been successful only if it leads to increased activities on behalf of and by the aging throughout Canada in future years.

Council's Comments Re: "Better Pensions for Canadians"

This is a Green Paper published by the Federal Ministries of Health and Welfare and Finance advancing for discussion a number of proposals for reform in the field of pensions. It covers the government plans as well as private or employer-sponsored pensions.

There are three basic premises underlying the proposals:

1. Elderly Canadians should be guaranteed a reasonable minimum income level;
2. Opportunities and arrangements available to Canadians to provide for their retirement should be fair;
3. Canadians should be able to avoid serious disruptions of their pre-retirement living standard upon retirement.

Reasonable Minimum

The Green Paper discusses the fact that many single seniors, of whom the vast majority are women, are existing on insufficient incomes. The Federal Government promises to redress this situation "as soon as resources permit".

In so far as Ontario is concerned, this Council has pointed out, on at least two occasions, that an

adjustment in the payment of GAINS could redress the imbalance of minimum between married couples and single seniors.

In January 1983 the minimum guaranteed income for seniors in Ontario was:

	<i>Single</i>	<i>Married</i>	<i>Single/ Married%</i>
O.A.S.	251.12	502.24	50.0
G.I.S.	252.10	388.74	64.8
GAINS	48.88	158.22	30.9
Total (without GAINS)	503.22	890.98	56.3
Total (including GAINS)	552.10	1,049.20	52.6

If the GAINS payment to single seniors were adjusted to the same percentage level of the payments to married couples as is the case in G.I.S., the total guaranteed to single seniors would rise to 57.1% of that available to married couples.

Fairness

Proposals are suggested in the Green Paper for strengthening the Federal and Provincial pension benefits acts and the Federal Income Tax Act to ensure a fair distribution of benefits to pensioners, to those still in the work force and to survivors of pension plan members.

Avoiding Serious Disruption of Living Standards

Several of these proposals such as earlier vesting of pension credits, greater portability of pension credits, mandatory survivor benefits, credit splitting of benefits upon marriage dissolution, etc. would alleviate many of the current short-comings.

Proposals for Reform

1. Protection from Inflation

The effect of inflation has been severe not only on those who are receiving private pensions, which in the main are not indexed to the cost of living, but also on the benefits being accumulated by those who are still at work, and on holders of deferred annuities which are payable in future.

The paper proposes using "excess interest" earned by private pension plans to provide a partial indexing.

On the assumption that pension funds could be expected to earn 3.5% interest on their assets in an inflation-free economy, pensions in pay and pension credits would be increased each year by the difference between 3.5% and the average return for the past 5 years on long-term Government of Canada bonds. If this difference in a given year exceeded the rise in the Consumer Price Index for that year, the excess would be "banked" for use in a future year.

2. Earlier Vesting

This proposal calls for compulsory vesting of pension credits after two years membership in a private plan. The reason for earlier vesting is to prevent employees from contributing to several pension plans in their working career and eventually retiring with little or no pension. Under

the present system, with vesting becoming effective only after ten years service and age 45, many employees receive no more than a refund of their own contribution plus interest because their term of employment does not give them an entitlement to the employer's contributions on their behalf.

In principle, the Council agrees that earlier vesting is required and is on record as recommending that improvement, but when the Federal Government links that proposal with the stipulation that one-half the value of a vested benefit earned by a terminating employee must be paid by the employer, the Council feels that there is an unfair distribution of an employer's pension costs in favour of employees who have short service as against those who have their whole career with a single employer.

3. Registered Pension Accounts

This proposal promotes a new tax-assisted savings vehicle similar to an RRSP. Employers would be allowed to contribute tax free amounts to an employee's RPA, and thus the employer and employee would purchase an annuity at his retirement. This system would enable small employers to help provide a retirement benefit for their employees which would be fully portable. It would presumably result in a much higher percentage of the labour force having the benefit of a private pension upon retirement.

The Council sees a good deal of merit in this proposal. It would like to see what limits are contemplated on the annual contributions and would like assurance that the introduction of RPA's would not mean the demise of RRSP's.

4. Better Protection of Spouses

There are four proposals made in this connection:

- (A) Splitting of pensions in pay or pension credits upon dissolution of marriage, or after a three year separation. This would recognize the principle that spouses are partners in the family unit.
- (B) Private pensions and life annuities under employer-sponsored pension plans, RRSP's and RPA's could be required to continue at at least 60% to the survivor after the pensioner's death.
- (C) Surviving spouses of pension plan members who died prior to retirement are to be given the full value of the contributor's accrued pension.
- (D) Survivor pensions would continue even though the survivor remarries.

The Council agreed that these four proposals will bring about improvements in the private pension coverage. It suggests, however, that due to income tax laws, Group Life Assurance may be a more effective way of providing for a survivor than suggestion (C). It would also draw attention to the fact that these proposals will have the effect of increasing employer's costs or alternatively reducing pension benefits.

5. Compulsory Membership and Non-Discrimination

This proposal suggests that private pensions be made available to all employees, full-time and part-time, after one year of service and that membership be mandatory at age 25.

It would also disallow separate pension coverage for different groups of employees and would make all pensions payable no later than normal retirement date even if employees deferred their retirement. The Council feels that these ideas require some research and definition; as the Government pursues its search for a way in which to prevent discriminating while permitting reasonable differentiation.

6. Greater Information Disclosure

This proposal follows a trend which has been growing for several years and many suggestions have been legislated in some provinces. The proposal calls for pension plan members to receive an annual financial statement of the plan, a list of the assets of the fund and an actuarial balance.

Again, the Council agrees with the principle but would like to see the details to ascertain that they do not interfere with efficient management of the assets involved.

7. Removal of Sex Discrimination

This proposal would require that monthly pension benefits be equal for male and female employees who made equal contributions for the same period.

The Council sees the need for women to receive pensions equal to men. However, due to the actuarial problems in money purchase plans of providing equal payments with different life expectancies, the Council feels that research is necessary to work out satisfactory schemes for balancing contributions for men, women and their employers to achieve the desirable goal of equal monthly benefits.

8. Greater Protection in Event of Plan Termination

This proposal would strengthen the standards of funding for private pension plans. Termination insurance is suggested as well as changes in the priority call on assets of an employer whose pension plan is in a deficit position when the plan is terminated.

The Council favours greater protection for pension fund assets but would have some reservations on requiring an employer whose pension plan was fully funded to pay an insurance premium.

9. Improvements in CP/Quebec Plans

Again, there are four proposals:

- (a) that maximum pensionable earnings, i.e. the amount upon which contributions are paid, be raised to the average industrial wage in three years.
- (b) that the child-rearing drop-out provision be implemented.

- (c) that survivor benefits continue to surviving spouse after remarriage.
- (d) credit splitting on marriage breakdown, or when younger spouse reaches age 65, when either spouse dies, or when the non-earning or lower earning spouse is disabled.

The Council favours (a) and (b)—noting that the Government of Ontario has prevented the implementation of (b). We also agree with (c) and with credit splitting on marriage breakdown, but would like further clarification about credit splitting for the last three reasons given.

10. Improvements in Pre-Retirement Survivor Benefits and in Disability Benefits

The Council supports the improvements suggested.

Finally, the Ontario Advisory Council on Senior Citizens expressed the opinion that the weaknesses of the private pension system and the government pensions have been investigated and documented many times in the past three or four years. The need now is to begin the process of reform by implementing those improvements upon which there is general agreement and by concentrating study on the issues which are less clear.

COUNCIL'S REVIEW OF "THE ELDERLY IN ONTARIO: AN AGENDA FOR THE 80's" AN OUTLINE OF COUNCIL'S RECOMMENDATIONS

In 1981, the Provincial Task Force on Aging tabled this very comprehensive report on the seniors in Ontario. It reviews current policies and programs of the Government of Ontario as they affect the elderly of today and presents a set of fifteen recommendations to serve as an agenda for government's consideration in preparing for tomorrow.

A steering committee involving the Provincial Secretariat for Social Development, and the Ministries of Health, Community and Social Services, Municipal Affairs and Housing, Tourism and Recreation, Northern Affairs and Treasury and Economics has been set up to co-ordinate the planning for the implementation of the recommendations.

The Advisory Council is pleased that the report contains many of the Council's recommendations since its inception in 1974.

During 1982-83 the Council was asked by the Honourable Margaret Birch to place particular emphasis on the review of the recommendations in the "Agenda for the 80's."

A historic outline of Council's recommendations and comments on each of the identified areas is listed below. The general comments are based on the expertise of Council members, consultation through regional meetings and the data derived from readers'

letters to "Especially for Seniors". The fifteen recommendations from the "Agenda for the 80's" are in capital letters, and the last paragraph in each area denotes the present status.

1. "THE PROVINCE SHOULD PLACE HIGH PRIORITY ON EARLY ESTABLISHMENT OF AN OFFICE ON AGING".

In 1980-81 the Advisory Council submitted to the government a Position Paper on the need for a Central Agency for the Aged. It recommended that a central agency be established under the Secretariat for Social Development to deal with matters pertaining to the aged and the process of aging.

The Advisory Council stressed the need for this central agency to have a clearly defined role and be adequately staffed to provide the following functions:

1. Co-ordination of Services to Seniors through direct liaison with ministries and agencies involved in programming for seniors;
2. Development and co-ordination of policies affecting Ontario's older population;
3. Long range planning including the collection of data, reports and studies relevant to the aged;
4. An education role in conducting workshops, seminars or discussion groups for ministries dealing with the aged and organizations involved in the field of aging;
5. Liaison and consultation with community based organizations concerned with the aged;
6. Production and publication of specialized materials for the aged and aging such as guides, manuals, pamphlets, brochures and press releases;
7. Co-ordination of special projects for the aged such as Senior Citizens' Week or events not ordinarily handled by a ministry;
8. Evaluation and monitoring of programs for senior citizens;
9. A key role in the development of new research in the field of aging;
10. A role as a "clearing house" for information and data on the aged including access to information at local, national and international levels;
11. A chairmanship role for pertinent interministerial committees acting on behalf of the aged or special projects teams;
12. Co-ordination and long range planning for long term care.

STATUS: The Seniors Secretariat was established on January 18, 1982 under the Secretariat for Social Development with a mandate to assist line ministries to improve information availability for seniors; to provide a central point of contact to assist in information dissemination; to encourage interministry co-ordination in policy matters, acting as support to interministry task forces; and to foster interministerial research.

2. "THE PROVINCE SHOULD PLACE HIGH PRIORITY UPON POLICY AND PROGRAM RESEARCH RELATED TO THE ELDERLY".

In 1979 the Advisory Council presented to Government a recommendation on Planning for the Future. It stated that based on a statistical review, there was an urgency for effective planning to meet the future needs of a growing older population. The Council recommended that:

- a) All levels of government and organizations involved in serving senior citizens immediately undertake long-range planning and research and set priorities in developing mechanisms to deal with imminent problems of an increasing aged population;
- b) The expertise, skills and talents of senior citizens be engaged on planning committees, councils and boards;
- c) The available demographic projections be used in determining future needs, including effective long-range planning as well as to determine the economic impact on future societies; and
- d) Individual senior citizens be urged to do more personal long-range planning and to assume more responsibility for their own lives in order that they may maintain their independence for the longest possible time.

The Council has repeated its concerns for many years, and firmly believes that planning for the future has to be done today in order to avoid a crisis situation tomorrow.

STATUS: The Secretariat for Social Development undertook the initiative to place increased priority on research; ensure co-ordinated use of resources; and, improve the information base for consideration of future options.

3. "THE PROVINCE SHOULD PROMOTE THE BENEFITS OF, AND IMPROVE THE ACCESS TO, PRE-RETIREMENT EDUCATION IN ONTARIO".

As early as 1975/76 the Advisory Council presented its concerns and recommendations pertaining to pre-retirement education. At that time the recommendation was addressed to the Ontario Government, which employs more people in this province than any other single organization, and whose ministries have varied and incomplete pre-retirement courses. The Council recommended that the Civil Service Commission of Ontario be authorized to prepare an all-embracing pre-retirement program to be used in the government and in the private sector.

The present situation indicates that while there is an increase of pre-retirement programs and counselling in the private sector, there still is no universal approach by the government and the public to pre-retirement education. The Council is also concerned with some inconsistency of content in these programs, the qualifications of voluntary or paid counsellors and, most of all, the lack of motivation on the part of people to attend.

STATUS: The Ministry of Tourism and Recreation and the Secretariat for Social Development are responsible to develop appropriate resources—training of course leaders; preparation of resource materials; and to develop a promotional strategy directed at those age 40+ with an emphasis on those nearing retirement.

4. “THE PROVINCE SHOULD CONTINUE TO SUPPORT ALTERNATIVES TO ACUTE HOSPITAL CARE WITH PRIORITY ON LONG-TERM CARE AND COMMUNITY SERVICES”.

The Advisory Council has, since its inception, been concerned about long-term care provision for seniors. While the Council recognizes that, comparatively, Ontario has made many advances in the area of health and social services, there still exist a great number of inequities. In order to evaluate the present situation the Council recommended to the Government in March 1981 that the Provincial Secretariat for Social Development establish a task force to study the present policies pertaining to nursing homes, homes for the aged and charitable institutions in the public and private sector.

There has been an upsurge of rest homes, retirement homes and group homes, which are licensed by municipalities with regard to meeting zoning, safety, fire regulations, etc. The Council recommended in 1979 that the Government create legislation to control the establishment and operations of retirement homes. The Government reply advised that for a number of reasons it was important that responsibility for regulating retirement homes remain at the local level. The Government will be monitoring the situation closely.

STATUS: The designated lead ministries are Health and Community and Social Services.

5. “THE PROVINCE SHOULD SUPPORT DEVELOPMENT OF DEMONSTRATION PROJECTS IN INNOVATIVE HEALTH CARE FOR THE ELDERLY (E.G. DAY PROGRAMS, OUT PATIENT PROGRAMS AND COMMUNITY BASED HEALTH CLINICS) AND IN APPLIED RESEARCH RELATED TO THE ELDERLY AND THEIR UTILIZATION PATTERNS”.

The Advisory Council has indicated on numerous occasions the need for preventive health measures and the emphasis on the individual responsibility for one's own health by living appropriate lifestyles that meet one's physical, mental, emotional, social and spiritual needs.

In July, 1974 the Council recommended that the Free Drug Benefit Program be extended to all pensioners age 65 and over, with an annual income of up to \$5,000 if single and \$10,000 in cases of a couple. In April 1975 the Government announced it as a universal program. While the Council welcomed this move, it is now concerned

with the possible overuse and even abuse of medication. Because of this, the Council prepared and distributed a discussion paper on “Medications and the Older Adult”. The paper states that the responsibility of excessive use of medication has to be shared by all—by the consumers and by the providers.

Another discussion paper of the Advisory Council deals with “Hearing Impairment and the Elderly” and contains a number of recommendations designed to improve health care at the community level for the older adult who has a hearing problem.

In addition, the Advisory Council also prepared a paper on “Dental Care Needs of Ontario's Seniors”. Dental care, preventive dentistry, maintenance and treatment of teeth and mouth have been issues of long standing for this Council and a number of observations and recommendations have been made on this specific concern.

STATUS: The Ministry of Health has set an objective to review potential projects/areas for new developments; and to review alternate developmental strategies.

6. “THE PROVINCE SHOULD CONTINUE TO APPLY A HIGH PRIORITY TO DEVELOPMENT OF HOME CARE AND HOME SUPPORT SERVICES”.

In its first year of existence (1974-75) the Advisory Council established as a major priority that supportive services be made available to seniors to keep them out of institutions and in the community as long as feasible. Numerous consultations were held with government personnel and private agencies. Two reports—“Home Help Services for the Elderly in Sweden and England” and “Home Support Services for the Elderly in the Province of Ontario” were prepared and submitted to the Government.

Throughout subsequent years the Council has kept home support services in the forefront as the only viable solution to independent living.

While some progress has been made, there are still many disparities depending on geographic locations, availability of trained personnel and consultation and referral services. The Council will continue to monitor future developments.

STATUS: The Ministries of Health and Community and Social Services are the lead ministries in this area. The new Homemaker policy has established a uniform homemaker service for all acute/chronic aged and adult physically handicapped persons, to be delivered through the Home Care Program in the Ministry of Health.

7. “THE PROVINCE SHOULD DEVELOP A STRATEGY FOR THE PROVISION OF CO-ORDINATED ON-SITE HEALTH AND SOCIAL SUPPORT SERVICES TO

RESIDENTIAL CLUSTERS OF THE ELDERLY WITH INITIAL PRIORITY TO SENIOR CITIZEN RESIDENCES”.

In 1974-75 the Advisory Council recommended that support services be developed in conjunction with the construction of senior citizen housing, so that every senior citizen housing development would have facilities and services for a more dependent type of living when required, i.e. nursing care, meal service and housekeeping service.

The needs for such programs have been verified by various communities at Council's Regional Meetings. In some subsidized housing developments the average age of tenants is now in the 80+ bracket; and the question arises: are housing units to remain as shelter only, and those who cannot manage be moved into long term care facilities; or should provision be made to build in support services and let tenants remain in their familiar environment?

STATUS: Ministry of Health is to develop a strategy for: reporting on the application of existing programs for senior citizen housing; on-site service provision and assessment of overhead cost, and initiation of pilot projects to test alternative strategies.

8. “THE PROVINCE SHOULD REVIEW CURRENT ARRANGEMENTS AND INITIATIVES IN PLACEMENT CO-ORDINATION AND ASSESS FUTURE INITIATIVES TO SUPPORT EFFECTIVE PLACEMENT”.

In 1977/78 the Advisory Council recommended to Government the establishment of independent local co-ordinating agencies responsible for the assessment, placement and co-ordination of services for seniors entering continuing care institutions and referral for Home Support Services if institutional care is not required.

STATUS: The Ministry of Health is the lead ministry and the objective of this initiative is to: review evaluation findings/assess program issues; formalize operational program standards; and, review Placement/Coordination program guidelines.

9. “THE PROVINCE SHOULD ENCOURAGE CO-ORDINATION IN LOCAL PLANNING FOR THE ELDERLY”

The Advisory Council has advocated a closer working relationship not only with local communities, but also between the various ministries.

This is especially true in remote and northern areas of the province. During the Council's regional meetings concerns were expressed by local residents and groups who claimed to have experienced difficulties and lengthy delays in the building of a home for the aged or subsidized housing due to different legislation under different ministries. There were suggestions for more co-operation between ministries as well as

consultation with local communities to ascertain the best model for services. A program designed for a large city has to be adjusted to the sparsely populated areas. Home support services need different criteria and funding due to distances in northern Ontario.

This recommendation is closely related to recommendation No. 10.

STATUS: The lead ministries are Health, Community and Social Services and Municipal Affairs and Housing.

10. “THE PROVINCE SHOULD GIVE PRIORITY TO THE DEVELOPMENT OF CO-ORDINATED SERVICE DELIVERY TO NORTHERN/REMOTE COMMUNITIES”.

The Council through its membership, its regional meetings and letters to the Council's newsletter “Especially for Seniors” has been acutely aware of the needs of health and social services for seniors in northern and remote communities in Ontario. In 1980 the Council invited the Rural Development Outreach Project of the University of Guelph to prepare a background statement describing from existing information sources, the strengths and the weaknesses of senior citizens in rural areas. The report “Towards an Understanding of the Rural Elderly” raises a number of key issues that require further study and understanding and one, which is in the Council's previous recommendations, relates to the appropriate delivery service model that recognizes the special problems created by distance and isolation.

Subsequently, in 1982, the Council prepared and submitted to the Government a discussion paper entitled “A Model for Delivery of Services to Remote and Northern Communities in Ontario”. The paper recognizes the need for the development of a more centralized approach to the delivery of services and recommends a model of “multipurpose centres” as a viable option where services could be based under one roof thereby improving both accessibility and making better use of available resources.

STATUS: The Ministry of Northern Affairs has been designated as the lead Ministry to work with the Ministries of Health, Community and Social Services and Municipal Affairs and Housing. It is our understanding that a few demonstration and pilot projects are being considered and/or pursued.

11. “THE PROVINCE SHOULD REVIEW THE ROLES OF HOMES FOR THE AGED IN THE PROVISION OF LONG-STAY INSTITUTIONAL CARE”.

While the original legislation governing the homes for the aged was to provide residential care, this situation has undergone drastic changes. For a number of reasons those seeking residential care are not 65 years old but rather 80 and over. The long-term residents have aged considerably and are more frail, hence homes for the aged are now

providing extended care and chronic care to a much greater degree and thus deviate from the original mandate.

This recommendation is closely related to recommendation No. 4 and the Council believes that the entire area of long-term care provision by the public and private sector needs immediate review and co-ordination in order to arrive at uniform standards of care.

STATUS: Community and Social Services is the lead ministry for this area.

12. "THE PROVINCE SHOULD UNDERTAKE A GENERAL REVIEW OF SHELTER TRENDS FOR THE ELDERLY AND FUTURE ALTERNATIVE POLICY OPTIONS, INCLUDING THE ROLES OF PUBLIC AND PRIVATE SECTORS".

In 1976/77 the Advisory Council recommended that the Ontario Housing Corporation undertake studies in the following areas:

- (a) Design, location and effectiveness of housing units as they meet the present needs, as well as forecasts and projections to meet future needs;
- (b) The changing profile of older people based on their physical and mental well-being, taking into consideration the different needs of the "young old", the "old" and the "old old" in order to project future planning of housing and services;
- (c) Support services required by senior citizens in housing units and the most effective ways to provide these services.

In addition there were also recommendations regarding the role and training of managers, resident counsellors and security tenants.

It was also recognized that those seniors living in their own homes quite often were worse off financially than people in subsidized housing, hence recommendations were made on property tax and home repair needs. With the present property tax subsidy some of the tax burden is being alleviated.

However, there is a need to look at alternative community-based housing—co-operatives, home-sharing, etc. In 1979 the Council recommended that the Government encourage the sharing of housing accommodation, be it in a house or an apartment, and this could perhaps be done through the use of the Ontario Tax Credit system.

STATUS: The Ministry of Municipal Affairs and Housing has been designated as the lead ministry.

13. "THE PROVINCE SHOULD INVESTIGATE THE DESIRABILITY OF, AND ALTERNATIVE APPROACHES TO THE GAINS-A GUARANTEES TO REFLECT THE FACT THAT INCOME NEEDS OF SINGLE PERSONS ARE GREATER THAN THE NEEDS OF A COUPLE".

14. "THE PROVINCE SHOULD INVESTIGATE LOWERING THE RECOVERY RATE ON EARNINGS FOR GAINS-A RECIPIENTS".

Since 1977 the Advisory Council has repeatedly recommended that the minimum income for a single senior be $66 \frac{2}{3}$ of the income of a married couple. This is supported by the recommendations contained in the "Report of the Royal Commission on the Status of Pensions in Ontario," one of which states that the basic payment levels of the federal Guaranteed Income Supplement and the provincial GAINS be adjusted so that single persons receive at least 60 percent of the amount payable to a married couple.

With regard to the taxation of the work-related earnings by seniors, the Advisory Council considers this as a disincentive to work and in 1979 it recommended that the Ontario Government find a way to provide an incentive to seniors of minimal income to improve their financial status by their own efforts.

Of special concern to the Advisory Council are elderly women. Financial problems particularly apply to the single woman, whether she never married or is now widowed or otherwise living as a single person, and are aggravated by the lower private income which may be available from pension or other personal sources. The "old old" are in the worst position since many women have never had paid employment. Those who were employed, in many cases had no pensions and CPP came into effect too late.

STATUS: The lead ministry for both recommendations is the Ministry of Treasury and Economics.

15. "THE PROVINCE SHOULD DEVELOP A CORPORATE POSITION ON ALTERNATIVE MEASURES TO INCREASE SELECTIVITY IN INCOME ASSISTANCE TO THE AGED".

While the Council believes in basic guaranteed income for seniors, it has questioned the rationale of universal programs, such as free OHIP, free prescription drugs, lower transportation costs, etc. There are arguments that a means test is degrading and that screening would require a costly bureaucratic machinery. The Council has pointed out that an income test is already in existence in that in order to qualify for GIS and GAINS, seniors have to apply and disclose their income.

STATUS: The Ministry of Treasury and Economics has been designated as a lead ministry for this area.

REGIONAL MEETINGS

The main purpose of Regional meetings is to encourage senior citizens and people who work for and with them to express their achievements and needs to Council. This is highly desirable because it enables Council to gain first-hand information on matters pertaining to aging from various areas of the province.

During the 1982/83 fiscal year, Council held two Public Forums: one in Brockville, the other in Metropolitan Toronto.

Brockville:

A one-day Regional Forum was held in Brockville at the St. Lawrence Lodge Home for the Aged, on November 30, 1982. Mrs. Frances MacOdrum, Advisory Council member from Brockville, chaired this meeting of over eighty people. Those in attendance participated in this event by hearing or making presentations on health, housing, community support services, transportation, and other issues relevant to seniors in the Lanark, Leeds and Grenville area.

Health: Health issues discussed included a regional demographic and geographic perspective of the number and distribution of seniors in the Lanark, Leeds and Grenville area. Public Health Nursing in the area was then outlined. A notable feature of this presentation was the fact that Public Health Nurses in this area maintain a list of "high-risk" seniors whose health is monitored and assessed regularly. Dental hygiene for seniors in the area was described, and it was stated that one measure undertaken by the District Health Unit has been to label the dentures of residents in long-term care facilities. A presentation on Public Health nutrition in the tri-county region was made in which it was mentioned that a weekly "Cooking for One" course is offered by a retired nutritionist at a local Seniors' Centre.

Several levels of Home Care Programs in Leeds, Lanark and Grenville were then delineated. The home care programs in this area provide the services of professional nurses, physiotherapists, occupational therapists, speech pathologists and social workers. Support services may also be provided after an assessment by a home care coordinator. The acute-care program is geared toward rehabilitation or short-term care; while chronic home care is aimed at assisting those with long-term medical needs. One suggestion that was made to improve the services provided under this program is to develop and support day programs with adequate access for the handicapped in some of the smaller communities in the area. A Day Program proposed for the Brockville General Hospital was also outlined.

A presentation on Placement Coordination Services in the tri-county region was also made. It's role was defined as maintaining a central list of all people waiting for placement, maintaining a list of beds available, acting as a liaison for people seeking admission to health care facilities and providing data to the District Health Council. Gaps in services in the area were also identified and they included the need

for respite, or vacation care and emergency care beds, psychiatric assessment teams, day care programs, day hospital programs, senior citizens housing with available support services, volunteer training, and improved transportation in the Lanark, Leeds and Grenville area. A proposed Day Hospital at the Brockville General Hospital and a proposed geriatric assessment team based at the Brockville Psychiatric Hospital were then discussed.

The Victorian Order of Nurses Foot Care Clinic program was outlined. The objectives of this program have been to provide easily accessible foot care clinics, to identify foot problems in the early stages, to teach preventive foot care to all clients and to provide relevant self-help literature. Clinics are held every six weeks. A desire for more cooperation with other service clubs and health care agencies in order to plan for the future and to avoid duplication of this valuable service was also expressed in this presentation.

Housing: Housing issues were talked about by a number of presenters. The Leeds and Brockville Housing Authority made a presentation on the number of senior citizens apartments it operates, as well as the costs and levels of care available, and who qualifies for these apartments. A history of the Marguerita Residence Corporation was then sketched. It is a non-profit apartment complex for low-to-middle income seniors. It has 59 one-bedroom and 6 two-bedroom apartments for ambulatory seniors; 7 one-bedroom and 7 two-bedroom apartments for handicapped people. The waiting list for this complex has grown since it opened, so there may be another forty-five unit apartment complex built in Brockville in 1983.

There was then a presentation on Sherwood Park Manor Nursing Home. It is unique in the fact that it is a publicly owned, charitable institution. It was mentioned that staff, administration and residents strive to maintain a home-like atmosphere. There is extensive family and volunteer participation, and a well-organized Residents Council. The Sherwood Park Manor Nursing Home also provides a good educational environment for the students from St. Lawrence College.

The final presentation on Housing was made by a representative of the Carveth Care Centre. It has been in existence for four years, and is a 68-bed, award-winning facility. Pilot programs, such as palliative care, respite beds, and Community Corrections Programs have been offered through this facility.

Community Support Services: A presentation by the Family Resources Network Community Program was made, in which it was stated that a high proportion of elderly people in Lanark, Leeds and Grenville were institutionalized, and that this could be attributed to the lack of support services available to the recently widowed, or to those who are frail. Increases in municipal government involvement in smaller towns and villages, strong community

leadership to provide guidance and support and the need for more volunteer services were identified as ways to provide the required support services. Various programs that provide support services, like day care at the Rath-Reynolds Centre of the St. Lawrence Lodge, Meals on Wheels, the Sheppard Centre, the Kemptville Community Assistance Program and the Palliative Care Service of St. Vincent de Paul Hospital were also outlined.

Other presentations included one from the Brockville Committee for the Disabled, in which a needs-assessment for a handi-bus for the transportation of handicapped seniors was discussed. Their main aim is to provide transportation for those unable to use the normal transit system.

The need to train care-givers—everyone who works with seniors—was emphasized at this Regional Forum. Another concern expressed was the role of the Public Trustee: “Senior citizens of Ontario should be fully informed of what happens to their estates in relation to the Office of the Public Trustee in the event of the admission of a spouse to a psychiatric hospital—and should be given practical steps which can be taken to prevent their estates from being removed from control of the spouse, who is not under psychiatric care”.

There were also presentations made by a number of senior citizens recreation clubs, tenants’ associations, and residents councils.

Mrs. McHale, the Advisory Council’s Chairman, when giving her closing remarks said that “I am impressed with the variety of services available in Leeds, Grenville and Lanark and the manner in which the communities have worked to find the right rural and urban mix of programs. The motivation seems to be to meet the needs, without too much emphasis on the geographic boundaries”.

Metropolitan Toronto

A one-day Regional Forum entitled “A Window on the Achievements and Needs of Seniors in Metropolitan Toronto”, was held on March 15, 1983, at the Canada Life Place, in downtown Toronto. Mr. John Withrow, Council member from Toronto, chaired the Forum of approximately seventy participants and guests. The Honourable Margaret Birch, Provincial Secretary for Social Development, officially opened the meeting.

Due to an overwhelming response, only twenty-one groups could make oral presentations; however, all submissions were incorporated in the final report on the Forum.

Each of the four Boroughs in Metropolitan Toronto: East York, Etobicoke, Scarborough and York, and the cities of Toronto and North York were represented.

Ethnic organizations, community outreach and service organizations, senior centres, advisory groups and councils, education-oriented groups, volunteer organizations and a housing cooperative, made presentations.

Ethnic Organizations: The Association of Jewish Seniors made a presentation on behalf of its twenty-five affiliates and their 5,000 members. The Association produces a quarterly journal, and sponsors and promotes community development programs in leadership training, advocacy, public affairs, education, continuing education, community education and gerontology.

The North York Inter-Agency Council’s Cross-Cultural Program was outlined as a program which has pioneered programs for training staff and helping develop policies to improve access to services for all people regardless of race, religion, ethnicity or language. The unique and often tragic status of the ethnic elderly, especially the elderly ethnic women, was emphasized, as was the need to assist them.

The Metro Toronto Chinese Golden Age Society has a variety of services. Its program in assisting elderly Chinese people in their preparation for obtaining Canadian citizenship was specifically highlighted.

The Canadian Macedonian Senior Citizens Centre Association presented a paper detailing the history of the Macedonian community in Canada. In 1979, the community built Macedonian Place—a Senior Citizens Home. Because the average age of residents is 83, the Association is now in the discussion stage of building a nursing home on the same property.

The Parkdale Intercultural Council made a presentation which stated that the objectives of P.I.C., are to promote positive social and cultural relations among individuals and groups of diverse ethnocultural backgrounds.

Community Outreach and Service Organizations:

Yorkminster Outreach was developed in 1980 by a handful of people from Yorkminster United Church. Its purpose and goals are to seek out men and women living within approximately two miles of Yorkminster United Church who are unable to participate fully in society because of personal physical limitations. Ramps have been built to provide access to meeting rooms, and it is hoped that ways can be found to reach people who are still isolated and would benefit from this neighbourhood program.

A description of the Family Services Association of Metropolitan Toronto was given. The Association is involved with seniors through Senior Support Services, the Illahee Club and the Fall and Winter Break program at Bolton. The Illahee Club and vacation programs are aimed to reach the isolated, lonely and timid. The aims of Senior Support Services are: to assist seniors to stay in their own homes for as long as possible; to help find the supports necessary to accomplish this; to help choose suitable accommodation when a change must be made; and to listen with concern to a senior’s problems.

Senior Adult Services stated that they have a variety of in-house and outreach programs provided by 95 members and volunteers of all age groups. A special program is available for residents of long term care facilities. A number of Churches in the Annex area of Toronto participate in promoting the work of Senior Adult Services.

Education: A history of the group entitled Development, Education and Action was given. It has produced two montages: one entitled “These Old Ones: Growing Old in China and in Canada”; and the other “In Our Own Homes”. These montages are widely used for discussions in schools, community colleges and universities. D.E.A. also put together a school kit composed of pictures, vignettes, plays, songs and other materials on growing old in Canada.

Pre-Retirement Planning Programs is a professional organization. There is a modest charge

for the programs and a large number of clients are utilizing the services provided.

Beyond Tomorrow, an award-winning, community television program "by and for seniors" is dedicated to bringing to the active and perhaps not quite so active seniors events of the past, current happenings, and plans for the future.

The Orchardview, an educational and cultural group, stated that its aims are: to give educational and cultural presentations; to conduct oral history research; to act as an information service for other community groups; to have a showplace for local musical talent; and to provide an opportunity for planned social gatherings.

Older Adult Centres: North York Seniors Centre gave a brief summary of its operations. There are a great variety of programs taking place at the Centre, as well as outreach and home help programs for the community; a skills exchange program; friendly visiting and the like. Teledon equipment will soon be installed at the Centre which will provide access to general information.

St. Paul's L'Amoreaux Centre grew from a rural parish church into a community recreation and social services centre for older adults; 259 independent living apartments for seniors and a 45-resident home for the aged. The Centre is a place where older adults may come to fulfill their physical, social, intellectual and spiritual needs.

St. Christopher's House described its activities emphasizing that half of the 600 members are Portuguese; the others are from Eastern European and Anglo-Saxon backgrounds. A great proportion of the members are elderly single men, many with little or no knowledge of English.

Advisory Bodies: Scarborough Senior Citizens Council was introduced as the "umbrella" association of all Scarborough Senior Clubs. The aim of the

Council is to provide meaningful help to all seniors in Scarborough.

A presentation was also made on behalf of Human Services of Scarborough, a non-profit, independent planning organization which is engaged in research that will help in planning the future of the delivery of human services in Scarborough.

Consumer Group: Concerned Friends of Ontario Citizens in Care Facilities gave a summary of their activities. The objectives of the organization are to address the issue of the quality of physical and emotional care and the general conditions facing residents in nursing homes, chronic care hospitals and homes for the aged; to bring concerns to the attention of the provincial government and work for constructive changes in the Nursing Homes Act, and other statutes governing the aforementioned settings; and to provide information to residents and their relatives concerning their rights and responsibilities under government legislation.

Volunteerism: Senior Volunteers in Public Service of the Volunteer Centre of Metropolitan Toronto stated that the major objectives of the service are to provide persons of retirement age with opportunities to make constructive use of their time, and to provide a pool of senior volunteers.

Housing: Beech Hall Housing Cooperative, a non-profit housing organization and complex was described. There is an eight-member, elected Board of Directors responsible for the overall operations of the Co-op.

Mrs. McHale thanked all the participants in the Metropolitan Toronto Forum for their most interesting and diverse presentations. Each one was unique and still all of them had something in common—and that was creativity and cooperation.

Community Issues Addressed by Council

During 1982-83 a number of concerns were received on matters pertaining to the senior population in Ontario. Some of these were submitted by community agencies, organizations and individuals, others were brought out by Council members. The issues were dealt with at Council meetings. Based on the Council's belief that the aged are part of the total population and not a separate group, decisions were arrived at by objectively looking at every aspect and thus not singling out seniors to the detriment of the rest of the community. Such an approach was also very much necessitated by the declining economic situation experienced by all age groups.

Lower Postage Rates for Seniors

The Council was consulted on a brief submitted to the Canada Post Corporation and the Government of Ontario requesting consideration of provision of reduced rate stamps for the use of senior citizens.

Council members looked at all the implications in providing reduced postage stamps and came to the unanimous conclusion that such a reduction was unwarranted in both the moral and economic sense. Seniors are an integral part of the total community and, as such, they have to assume the same responsibilities. Especially in today's recession their duty is not only to share the economic burden but also help others to overcome the hardships. Seniors have a number of privileges in health, housing and other services, many of them on a universal basis, which are not available to the younger generation and families. The Council submitted its decision and advice to the Government.

Older Adult Centres

The Council received a number of concerns regarding the future of older adult centres throughout Ontario. It was pointed out by the Older Adult Centres Association of Ontario that such centres, in many instances, have gone beyond providing social recreational programs and have become multi-purpose centres. In addition to a wide range of social enrichment and cultural activities, centres now provide volunteer and leadership development opportunities; educational and health forums; support services such as Wheels-on-Meals; banking assistance; transportation; home maintenance and cleaning and health clinics. As such, centres are the critical link in the community for providing important ingredients necessary for seniors' quality of life. While centres are recognized by the community as the best way of meeting the greatest number of needs of the elderly, it is estimated that over one hundred centres are awaiting approval by the Province as Elderly Persons' Centres.

The Advisory Council is on record as recommending expansion of centres to meet the needs of seniors, especially in smaller communities.

An enquiry on the present situation was submitted to the Honourable Margaret Birch. Subsequently a

copy of the Honourable Frank Drea's letter addressed to a concerned party was forwarded to the Council. The letter says in part:

"Like the Premier, I too support the continuation of Elderly Persons' Centres as a social and recreational vehicle for seniors. However, I would like to remind you, that when the Ministry of Community and Social Services introduced a new approach to the funding of home support services, Elderly Persons' Centres chose to continue programs of a social/recreational nature, and funding for such programs remains at the \$15,000 ceiling. It is my view that these services are a local community responsibility. Accordingly, the Ministry has no plans to change the policy at this time.

With respect to your second concern regarding the approval of Centres for the purposes of funding, this is determined on a priority basis, taking into account geographic, as well as program considerations. May I assure, that while economic constraint and limited funds have slowed the rate of approvals for EPC's, they have by no means ceased completely".

Data for Federal/Provincial Cost-Sharing Programs

Two agencies expressed concern regarding provision of statistical information on the users of services who are in receipt of GIS, FBA and GWA. It was felt that collection of such data often increased the administrative workload on already overworked human resources in home support and meals on wheels programs provided by voluntary agencies.

In response to the concerns, the Council pointed out that gathering of data cannot be avoided when dealing with programs under cost-sharing agreements and is essential to the continued operation and development of Home Support Services.

Postal Alert

The Council has some concerns about the effectiveness of Postal Alert Services, as there has been no formal evaluation and hence it might give a false sense of security. This service is primarily geared to elderly people who live alone, handicapped persons and shut-ins. It is a co-operative effort between a Local of the Letter Carriers' Union of Canada and a community agency; the carriers watch for signs indicating that someone may need help and they then contact the community group to check out the situation and provide help, if necessary. Anyone can participate by just filling out an Alert Card.

The Council believes that the program is a good one and should be further assessed. It also emphasizes that in order to be effective the program needs a local agency who would undertake to be responsible for keeping the information system up to date and who would have staff and/or volunteers to initiate action.

At the present time there are a number of Postal Alert programs across Ontario; however, there is little data available on their success.

Council's Participation on Special Projects

Bus Transportation Committee

The Advisory Council was invited to serve on the Ministry of Transportation and Communications Bus Committee.

The main objective of the study is to advise the Minister on the most practical and feasible means of achieving public passenger transportation objectives relating to mobility in rural areas and along the major bus corridors.

Since senior citizens form a large user group of the intercity bus system, the Advisory Council's input will be most valuable in ensuring that the mobility needs of seniors are heard and dealt with in a realistic way. It is aimed to have a set of policy proposals completed and submitted to the Minister by December, 1983.

Canadian Standards Association

The C.S.A. Technical Committee on Child Resistant Packages requested the Advisory Council to nominate a member to this Committee.

The purpose of the Committee will be to prepare new standards and revisions to existing standards which established performance requirements and methods of testing the child-resistant effectiveness and adult use effectiveness of packages intended to contain substances in either liquid or solid form. This will apply mainly to packaging of drugs, but may apply

to packaging for other substances which should not be accessible to children.

The Advisory Council will contribute by explaining the needs of seniors, especially in the area of drugs in child-resistant packages.

Gerontology Multidiscipline Program—Provincial Task Force

Representation from the Advisory Council was requested in the Fall of 1982 on the Gerontology Multidiscipline Program's Provincial Task Force of the Ministry of Colleges and Universities. This was because of the Advisory Council's commitment to the field of education and its concern for training people who work with older adults. The purpose of the Provincial Task Force is to develop a course to review and facilitate the instruction of the skills needed by "on-line" workers and/or supervisors. The issues examined by the Task Force include identification of knowledge, skills and attitudes required to develop a basic set of competencies to be instructed. The Advisory Council has contributed to the Task Force by emphasizing the importance of the need for positive attitudes towards older people.

While the Council agrees with the need of an updated and uniform training system, it firmly believes that the attitudes of workers towards the elderly is of utmost importance.

Especially For Seniors

The Ontario Advisory Council on Senior Citizens was established by an Order in Council on April 24, 1974. Within the first year Council realized that a newsletter would be an excellent means of providing information of interest and benefit to the seniors of Ontario. In June, 1975, the first edition of "Especially for Seniors" was sent to all those Ontario citizens who received the Old Age Security pension.

Because many of the people on the Council were in the over 65 category, they drew on their own experience in selecting the material and the format: large print for easy reading; outlines of government policies or changes which affected pensioners; short columns about individual or group achievements and helpful hints on safety, health promotion or money management. From the outset, the leading article was presented in English and French.

The second edition increased in size from four to eight pages, a number that has been maintained over the years. The circulation is now approximately 800,000 and the ever-increasing costs of printing and mailing have set a limit on the number of pages and also have made it essential that the contents be carefully prepared; keeping in mind items of special significance for older people. The cartoons and jokes of earlier days have disappeared and only occasionally can short poems be inserted from the many verses contributed by our readers.

It's unfortunate that limited space prevents the use of many fine offerings. The Council encourages contributors to try other outlets for their creative ability and in some cases suggests ways in which they could gain experience in exercising their talent. Judging from the letters we receive, nearly every community in the province could support a seniors' literary club or a poetry appreciation class.

Generally, the newsletter is kept free of set columns. Where features have proved particularly popular they may be repeated. "Profile" provides a personal glimpse of some seniors who demonstrate outstanding achievement. The "Looking Back" series began in the 1982 Summer issue with memories of the Twenties. The response was immediate and amazing. Remembrances of sixty years ago had struck a chord and people wrote to tell of their own recollections of those days. The letters and reminiscences expressed very clearly the pleasure that was derived from recalling earlier years.

The emotional impact of that particular article and its sequel on the Thirties helped to give an appreciation of the knowledge and character of the older segment of Ontario's citizens, which is an untapped resource. Some of the letters were published in the newsletter but all were stimulating, representing a variety of experiences and points of view. Families in those days had to be able to cope, to be inventive and dependent on each other. All the writers mentioned the hardships, but they also wrote of the humour under stress, the sharing and the delight in little things.

The Book Reviews are another source of communications with readers. In the beginning, the newsletter presented books about seniors, usually by

an established author. In a very short time Council began receiving books from writers, some in their nineties, who had prepared a history of the family for their children. Seniors recalled the events of their childhood, life in a small town or the story of a prominent citizen and were publishing books. Even the simplest printing represents hard work and a high financial outlay, yet there is little opportunity for publicity and distribution. It's a great pleasure for the Advisory Council to learn that a book listed in "Especially for Seniors" has brought recognition to its author, with the added bonus of letters from old friends as well as contact with many new ones. The overwhelming supply of books has forced Council to curtail reviews to only listing the books received, and to accept only those books written by people over 65 years of age.

In 1982, an Editorial Committee within the Advisory Council was formed to share the responsibility of selecting from a growing variety of topics and to ensure that information on pertinent programs for seniors is provided.

The Winter 1983 edition contained an added feature of a multi-colour, fold-out insert from the Ontario Seniors Secretariat. The inside of the insert depicted the poster for the 1983 Senior Citizens Week, the back pages had a collage of prize-winning photos, suggestions for celebration of the special week, and an update of a government program for senior citizens.

During the early years of publication, correspondence consisted mainly of requests for information. The replies to these letters often made referrals to the appropriate government ministries or community social services. Seniors needed to be advised of the person or agency best able to handle their needs. Many didn't know their elected representatives at any level of government, nor the names, addresses and telephone numbers of helping agencies.

In recent years the picture has changed. Older citizens are more active now in municipal provincial, and federal affairs. They know their community agencies because they've used these services or they are the volunteers providing the service. The forecast of an aging society has prompted greater study of the present situation, and the opinions and ideas of seniors are now sought more often and are more welcome. In relation to the newsletter this has produced a readership which looks for complete answers to enquiries and evidence of responsible action on behalf of seniors. Whereas in the Seventies the Council handled many requests for help, it now hears from people who want an appropriate name or a telephone number so that they can handle a problem for themselves. The newsletter has always had aggrieved and aggressive readers who point out its faults. Their letters help the Council to take stock of the content and the quality of the publication and to work toward improvement.

From the outset "Especially for Seniors" has stressed the positive side of aging. The emphasis is on making use of whatever resources are available,

on having a goal, and on keeping fully informed. The majority of seniors are living in the community, many coping on their own; only a small percentage are in nursing homes or hospitals. There is a growing number of seniors in this province and the newsletter circulation increases every quarter. Seniors are living to a greater age, enjoying good mental and physical health, and have an opportunity to put their knowledge and influence to good use.

"Especially for Seniors" is a means of

communication available to Ontario's older citizens and provides a link with the government through the Advisory Council. It is an on-going public forum; informal, but directed toward important issues. Through the newsletter the Advisory Council presents information and ideas to all Ontario pensioners and, in return, draws on reader response in determining the interest, the need and the support for subsequent action.

nombre d'entre elles seules, et seulement un petit nombre dans des maisons de soins infirmiers ou des hôpitaux. Notre province compte un nombre croissant de personnes âgées et le tirage du bulletin d'information augmente chaque trimestre. Les personnes âgées vivent plus longtemps, en bonne santé mentale et physique, et ont l'occasion d'utiliser à bon escient leurs connaissances et leur influence. Le bulletin "Especially for Seniors" est un moyen de communication à la disposition des personnes âgées de l'Ontario; il établit la liaison avec le gouvernement par le truchement du Conseil consultatif. C'est un organe d'information permanent, sans formalités, mais traitant de questions importantes. Par cet intermédiaire, le Conseil consultatif transmet des renseignements et des idées à tous les pensionnés de l'Ontario, et en retour, se base sur les réactions de ses lecteurs pour déterminer le besoin de certains plans d'action, l'intérêt qu'ils suscitent et l'appui dont ils jouissent.

approfondie de la situation et les opinions et suggestions des personnes âgées sont plus nombreuses et mieux accueillies. En ce qui concerne le bulletin d'information, c'est à des lecteurs cherchant des réponses pertinentes à leurs questions et des preuves d'action bénéficiant aux personnes âgées qu'il s'adresse maintenant. Alors que dans les années 1970, le Conseil recevait de nombreuses demandes d'aide, on lui demandait maintenant de fournir des norms et des adresses aux correspondants qui désirent résoudre eux-mêmes leurs problèmes. Le bulletin d'information a toujours eu sa part de lecteurs mécontents qui lui font remarquer ses lacunes. Ces lettres permettent au Conseil d'examiner le contenu et la qualité de la revue et d'essayer de l'améliorer. Des le début, le bulletin "Especially for Seniors" a voulu mettre l'accent sur le côté positif du vieillissement en conseillant une utilisation positive des ressources disponibles, l'établissement d'objectifs et la recherche de l'information. La majorité des personnes âgées vivent dans la communauté,

Le Conseil consultatif de l'Ontario sur l'âge d'or a été établi le 24 avril 1974 par décret en Conseil. Dès la première année, les membres du Conseil se rendirent compte qu'un bulletin d'information constituerait un excellent moyen de transmettre des renseignements utiles et de valeur aux personnes âgées de l'Ontario. En juin 1975, le premier numéro de "Especially for Seniors" fut envoyé à tous les citoyens de l'Ontario bénéficiaires des prestations de sécurité de la vieillesse.

Vu que nombre des membres du Conseil avaient dépassé l'âge de 65 ans, ils se basèrent sur leur propre expérience pour sélectionner la documentation et le format: de gros caractères pour faciliter la lecture, une description des politiques du gouvernement ou des changements susceptibles d'affecter les pensionnés, de courts articles sur les succès individuels ou collectifs et de bons conseils sur la sécurité, la promotion de l'hygiène ou la gestion financière. Dès le début, l'article de fond était présenté en français et en anglais.

Dans le deuxième numéro, le format passa de quatre à huit pages, nombre qui s'est maintenu au cours des années. Le tirage atteint maintenant environ 800 000 exemplaires; les coûts toujours croissants d'impression et d'expédition limitent le nombre de pages et rendent nécessaire un préparateur minutieuse du contenu qui doit refléter les intérêts des personnes âgées. Les bandes dessinées et les plaisanteries du passé ont disparu et ce n'est que rarement que de courts passages des nombreux poèmes envoyés par nos lecteurs peuvent être insérés.

Nous regrettons que le manque de place ne nous permette pas de publier certaines contributions de valeur. Le Conseil encourage les intéressés à trouver d'autres débouchés à leur créativité et suggère même comment ils peuvent acquérir de l'expérience en exerçant leur talent. À en juger selon les lettres reçues, presque toutes les collectivités de la province auraient de quoi organiser un club littéraire ou des cours d'appréciation de la poésie pour personnes âgées.

En général, le bulletin d'information n'a pas de chroniques établies. Certains articles tout particulièrement populaires sont quelquefois repris. "Profile" donne un aperçu de certaines personnes âgées ayant obtenu des succès méritoires. Le numéro d'été 1982 publia pour la première fois la rubrique "Looking Back", en souvenir des années 1920. La réaction fut immédiate et étonnante. Les souvenirs vieux de soixante ans avaient touché une corde profonde et suscitèrent un flot de témoignages. Les lettres témoignaient de tout le plaisir que ce rappel de l'ancien temps avait causé. L'impact affectif de cet article et du suivant sur les années 1930 a contribué à faire apprécier les connaissances et la personnalité des citoyens âgés de l'Ontario, une ressource encore inexploitée. Seules certaines lettres furent publiées dans le bulletin d'information, mais toutes étaient intéressantes car elles présentaient différentes expériences et des

points du vue variés. Les familles de cette époque étaient livrées à leurs propres ressources, et devaient faire preuve d'imagination et de solidarité. Tous les correspondants firent mention des difficultés de l'existence, mais citèrent aussi le sens de l'humour, l'esprit de partage et le plaisir goûté aux choses simples.

La rubrique "Book Reviews" constitue une autre source de communication avec les lecteurs. Au début, le bulletin d'information se contentait de présenter des livres sur les personnes âgées, en général d'un auteur connu. Peu après, le Conseil se mit à recevoir des lettres de correspondants, certains même de plus de quatre-vingt-dix ans, qui avaient rédigé l'histoire de leur famille pour leurs enfants. Ces personnes rappelaient leur enfance, la vie dans une petite ville ou l'histoire d'un citoyen en vue et avaient publié des livres. Même la plus petite brochure représente un gros travail et une dépense considérable, tout en offrant peu de possibilités de publicité et de distribution. Le Conseil consultatif est enchanté quand un livre présenté dans le bulletin "Especially for Seniors" fait connaître son auteur et que celui-ci reçoit des lettres de vieux amis, et a ainsi l'occasion de se faire de nouveaux amis. Le flot de livres nous a malheureusement forcés à réduire nos critiques à une simple liste des livres reçus et de n'accepter que des livres écrits par des personnes de plus de 65 ans.

En 1982, un comité de rédaction du Conseil consultatif a été créé dans le but de partager la responsabilité de la sélection des sujets et de diffuser l'information sur les programmes appropriés aux personnes âgées.

Le numéro d'hiver 1983 contenait un cahier supplémentaire, dépliant en couleurs du Secrétariat aux personnes âgées de l'Ontario. Le centre du dépliant présentait l'affiche de la Semaine de l'âge d'or 1983, les pages de couverture étant formées d'un collage de photos primées, de suggestions pour fêter cette semaine commémorative et d'une description d'un programme gouvernemental pour personnes âgées.

Au cours des premières années de publication, notre correspondance se bornait à des demandes de renseignements. Les réponses à ces lettres contenaient souvent les noms des ministères gouvernementaux ou des services sociaux aux communautés appropriées. Les personnes âgées avaient besoin de connaître la personne ou l'agence la mieux à même de répondre à leurs questions. Un grand nombre d'entre elles ne connaissaient pas leur député ou les autres représentants élus à tous les niveaux du gouvernement et ne savaient ni le nom, l'adresse ou le numéro de téléphone des agences pouvant les aider.

Ces dernières années, ce n'est plus le cas. Les personnes âgées sont plus actives au niveau municipal, provincial, et fédéral. Elles connaissent les agences de leur communauté, parce qu'elles font appel à leurs services ou sont elles-mêmes les bénévoles offrant des services. Les prévisions de vieillissement de la société ont entraîné un étude plus

Participation du Conseil à des projets spéciaux

Comité des transports en autobus

Le Conseil consultatif a été invité à siéger au Comité des autobus du ministère des Transports et des Communications.

L'objectif principal de cette étude est de recommander au ministre les moyens les plus pratiques et les plus appropriés d'offrir les transports en commun recherchés dans les régions rurales et le long des principaux itinéraires d'autobus.

Étant donné que les personnes âgées constituent un important groupe d'utilisateurs du système d'autobus interurbains, les recommandations du Conseil consultatif contribueront considérablement à assurer d'une façon pratique les besoins en mobilité des personnes âgées. Le Conseil compte avoir une série de propositions à soumettre au ministre en décembre 1983.

Association canadienne de normalisation

Le Comité technique de l'ACNOR sur les emballages résistant aux enfants a demandé au Conseil consultatif de désigner un délégué à ce comité.

Le but du comité est d'établir de nouvelles normes et de réviser les normes existantes relatives à l'efficacité des emballages contenant des substances liquides ou solides, résistant aux enfants, utilisés par des adultes. Ces normes s'appliqueront principalement à l'emballage de médicaments, mais peuvent aussi s'appliquer à d'autres substances ne

devant pas être accessibles aux enfants.

La contribution du Conseil consultatif sera d'expliquer les besoins des personnes âgées, en particulier dans le domaine des emballages de médicaments résistant aux enfants.

Programme multidisciplinaire de gérontologie—Groupe d'étude provincial

En automne 1982, le Groupe d'étude provincial sur le programme multidisciplinaire de gérontologie du ministère des Collèges et Universités a demandé au Conseil consultatif de lui envoyer un représentant, vu l'intérêt que cet organisme voue à l'éducation et à la formation du personnel s'occupant des personnes âgées. Le but du Groupe d'étude provincial est de préparer un cours pour examiner et faciliter l'enseignement des aptitudes nécessaires aux travailleurs qui fournissent des services directs et à leurs superviseurs. Les problèmes examinés par le groupe d'étude portent sur l'identification des connaissances, aptitudes et attitudes nécessaires, dans le but d'établir un ensemble de base des compétences à enseigner. La contribution du Conseil consultatif au groupe d'étude a été de souligner l'importance d'une attitude positive dans les rapports avec les personnes âgées.

Bien que le Conseil convienne qu'un système moderne et uniforme de formation est nécessaire, il est persuadé que l'attitude des travailleurs envers les personnes âgées est d'une importance primordiale.

communauté; les facteurs doivent signaler les signes de détresse à un groupe communautaire qui vérifie et fournit de l'aide au besoin. Toutes les personnes peuvent participer à ce programme en remplissant une carte d'alerte.

Le Conseil pense qu'il s'agit d'un programme valable qui doit être évalué plus à fond. Il souligne le fait que le programme a besoin d'une agence locale

pour être efficace; l'agence doit assumer la responsabilité du maintien de l'information et avoir du personnel ou des bénévoles prêts à agir.

À l'heure actuelle, les programmes de services postiers d'alerte en Ontario sont plutôt clairsemés et il n'y a que peu de données sur le succès de cette entreprise.

Problèmes de la communauté examinés par le Conseil

Au cours de l'exercice 1982-1983, plusieurs questions furent soumises au Conseil sur des sujets touchant la population âgée de l'Ontario. Certains problèmes furent communiqués par des agences, organismes et particuliers, d'autres par les membres du Conseil. Les questions furent examinées au cours des assemblées du Conseil. Le Conseil estime que les personnes âgées font partie de la population dans son ensemble et ne constituent pas un groupe à part; les décisions furent donc prises objectivement après un examen de tous les aspects et sans favoritisme envers les personnes âgées au détriment du reste de la communauté. Ce point de vue était d'autant plus nécessaire que la situation économique plus difficile affecte les groupes de tous les âges.

Taux d'atfranchissement intérieur pour personnes âgées

Le Conseil a été prié de donner son opinion concernant un document soumis par la Société des postes du Canada et le gouvernement ontarien visant à réduire le coût de l'atfranchissement des lettres pour les personnes âgées.

Les membres du Conseil examinèrent tous les aspects de la question et conclurent à l'unanimité qu'elle n'était justifiable ni du point de vue moral, ni du point de vue économique. Les personnes âgées font partie de la communauté et ont les mêmes responsabilités. Dans la récession actuelle, en particulier, il est de leur devoir non seulement de partager le fardeau économique, mais aussi d'aider les autres à surmonter leurs difficultés. Les personnes âgées bénéficient d'avantages en ce qui concerne les soins, le logement et d'autres services qui ne sont pas offerts aux jeunes.

Le Conseil a transmis sa décision et ses recommandations au gouvernement.

Centres pour adultes âgés

Le Conseil a été saisi de plusieurs questions concernant l'avenir des centres pour personnes âgées dans tout l'Ontario. L'Association des centres pour personnes âgées de l'Ontario a fait remarquer que ces centres ont dans bien des cas dépassé le cadre de programmes récréatifs et sociaux et sont devenus des centres polyvalents. En plus d'offrir toute une gamme d'activités culturelles et d'enrichissement social, ils fournissent maintenant des cours de leadership et de formation des bénévoles, organisent des forums sur l'éducation et la santé, offrent des services de soutien comme la cuisine ambulante (repas livrés à domicile), ainsi que: aide bancaire, transports, entretien et ménage, cours d'hygiène. Ces centres sont donc un important maillon de la chaîne de services communautaires visant à améliorer la qualité de la vie des personnes âgées. Bien que ces centres soient considérés comme étant la meilleure façon de répondre aux besoins de la majorité des personnes âgées, on estime que plus de cent d'entre eux attendent d'être agréés par les provinces.

Le Conseil consultatif a officiellement recommandé une expansion des centres dans le but de répondre aux besoins des personnes âgées, en particulier dans les petites collectivités.

Une requête sur la situation actuelle a été soumise à l'honorable Margaret Birch. Une copie de la lettre adressée par l'honorable Frank Drea à un correspondant intéressé a été transmise au Conseil.

Voici un extrait de cette lettre:

"Comme notre premier ministre, je suis en faveur de continuer les centres pour personnes âgées dans des buts sociaux et récréatifs. Je voudrais toutefois vous rappeler que quand le ministère des Services sociaux et communautaires a introduit une nouvelle méthode de subventionnement des services de soutien familiaux, les centres pour personnes âgées ont décidé de continuer leurs programmes sociaux et récréatifs; les fonds pour ces programmes sont restés au plafond de 15 000 \$. D'après moi, ces services sont la responsabilité de la collectivité locale. Par conséquent, le ministère n'envoie aucun changement de politique à l'heure actuelle.

En ce qui concerne votre deuxième question au sujet de l'agrémentation des centres en vue de subventions, cette autorisation est accordée sur une base prioritaire tenant compte de la situation géographique et de la teneur des programmes. Bien que les restrictions économiques et les fonds limités aient ralenti le processus d'agrémentation des centres pour personnes âgées, ce processus est loin d'avoir cessé complètement".

Données relatives aux programmes de partage fédéral/provincial des coûts

Deux agences ont exprimé des inquiétudes quant à l'information statistique sur les usagers des services recevant un supplément de revenu garanti, des allocations familiales et des prestations de bien-être général. Ces agences ont trouvé que le maintien de telles statistiques augmentait souvent le travail administratif du personnel d'aide familiale déjà surchargé, comme celui des agences bénévoles fournissant les repas à domicile.

En réponse à ces questions, le Conseil a fait remarquer que la collecte de données est inévitable dans le cadre de programmes à frais partagés et qu'elle est essentielle à l'exploitation et au développement continus des services de soutien familiaux.

Services postiers d'alerte

Le Conseil exprime des doutes sur l'efficacité des services postiers d'alerte, vu qu'une évaluation dans les règles n'a pas encore été faite et que ces services risquent de donner un faux sens de sécurité. C'est un service s'adressant en particulier aux personnes âgées vivant seules, aux personnes handicapées et à celles qui ne peuvent pas sortir. Il s'agit d'une collaboration entre une des cellules de l'Union des facteurs du Canada et une agence de la

pour d'autres personnes âgées à la recherche de contacts humains, sociaux, intellectuels et spirituels. St. Christopher's House décrit ses activités en soulignant le fait que la moitié de ses 600 membres sont des Portugais, les autres provenant de l'Europe de l'est ou de milieux anglo-saxons. Une grande proportion des membres sont des hommes âgés seuls qui parlent peu ou pas du tout l'anglais.

Organismes consultatifs: Le Scarborough Senior Citizens Council se présente comme l'association-mère de tous les clubs de personnes âgées de Scarborough. Le but du Conseil est de fournir une aide constructive à toutes les personnes âgées de Scarborough.

Les Human Services de Scarborough ont également fait l'objet d'une présentation; il s'agit d'une organisation de planification indépendante sans but lucratif qui s'occupe de recherches visant à la planification de futurs services humains à Scarborough.

Groupes de consommateurs: Les Concerned Friends of Ontario Citizens in Care Facilities brossent un tableau de leurs activités. Cet organisme se préoccupe de la qualité des soins physiques et affectifs prodigués aux personnes du troisième âge, et des conditions générales régnant dans les maisons de soins infirmiers pour personnes âgées, hôpitaux de cas chroniques et foyers de personnes âgées; son rôle est aussi d'attirer l'attention du gouvernement provincial sur les problèmes et de chercher à faire apporter des changements positifs dans la Loi sur les maisons de soins infirmiers et autres statuts gouvernant les établissements ci-dessus, comme de fournir aussi aux résidents et à leurs familles des renseignements sur leurs droits et leurs responsabilités en vertu des lois existantes.

Activités bénévoles: Les Senior Volunteers in Public Service du Volunteer Centre de la Communauté urbaine de Toronto ont déclaré que leurs objectifs principaux sont d'offrir aux personnes en âge d'être retraitées des occasions de vivre une vie constructive et de former un groupe de bénévoles de l'âge d'or.

Logement: La coopérative Beech Hall Housing, établissement et immeuble de logement sans but lucratif, est présentée. Elle est gérée par un conseil d'administration de huit membres élus qui sont chargés de l'exploitation de la coopérative.

Mme McHale remercia tous les participants au forum de la Communauté urbaine de Toronto de leurs présentations si intéressantes et variées. Chacun de ces groupes est unique en son genre, tout en ayant des points communs avec tous les autres, à savoir la créativité et la collaboration.

aux personnes seules, isolées et timides. Le but des services de soutien aux personnes âgées est d'aider les personnes âgées à rester le plus longtemps possible dans leurs propres foyers, à trouver les soutiens nécessaires à ce but et des logements appropriés quand le changement s'avère nécessaire, et de prêter une oreille attentive et sympathisante aux problèmes des personnes âgées.

Les Senior Adult Services ont déclaré que leurs 95 membres et bénévoles de tous les groupes d'âge sont en mesure d'offrir toute une gamme de programmes à domicile et de services de soutien. Un programme spécial s'adresse aux résidents des établissements de soins à long terme. Plusieurs églises du quartier Annex de Toronto participent au travail des Senior Adult Services.

Education: Le groupe intitulé Development, Education and Action, a fait l'historique de sa création. Il a produit deux montages dont l'un est intitulé "These Old Ones: Growing Old in China and in Canada" et l'autre: "In Our Own Homes". Ces montages servent de base à des discussions un peu partout, dans les écoles, les collèges communautaires et les universités. D.E.A. fournit aussi un ensemble composé de photographies, vignettes, pièces, chansons et autres documentations sur le vieillissement au Canada.

Pre-Retirement Planning Programs est un organisme professionnel. Ses programmes coûtent une somme modique; un grand nombre de clients utilisent les services qu'il offre.

Beyond Tomorrow, programme communautaire primé de télévision "par et pour les personnes âgées", communique aux personnes âgées actives, et moins actives, les événements passés et présents, et fait des projets d'avenir.

Les Orchardswifters, groupe éducatif et culturel, a présenté ses objectifs: faire des présentations éducatives et culturelles, organiser la recherche orale historique, servir de centre d'information pour d'autres groupes communautaires, offrir une scène aux talents musicaux locaux et fournir la possibilité de contacts sociaux organisés.

Centres pour adultes âgés: Le North York Seniors Centre décrit brièvement ses activités. Plusieurs programmes y ont lieu, programmes de soutien et d'aide familiale dans la communauté, programme d'échange d'aptitudes, visites amicales, etc. Un équipement Teldon pour faciliter l'accès à l'information générale sera bientôt installé au Centre. Le Centre St. Paul L'Amoreaux a été créé dans une église de campagne et est devenu un centre de loisirs et de services sociaux communautaires pour adultes âgés; il comporte 259 appartements individuels pour personnes âgées et un foyer pour 45 résidents âgés. Le Centre est une lieu de réunion

aux Affaires sociales, qui inaugura la séance. Vu la foison de demandes, seuls vingt-et-un groupes ont pu se faire entendre; toutes les présentations ont toutefois été incorporées dans le rapport final sur le forum. Étaient représentées les quatre municipalités de la Communauté urbaine de Toronto: East York, Etobicoke, Scarborough et York, et les villes de Toronto et de North York. Les organisations ethniques, organismes de service communautaires, centres de personnes âgées, groupes et conseils consultatifs, groupes d'orientation éducative, organismes de bénévoles et une coopérative du logement firent des présentations. **Organismes ethniques:** L'Association of Jewish Seniors a fait une présentation au nom de ses vingt-cinq associations et de leurs 5 000 membres. L'Association publie une revue trimestrielle et encourage les programmes de développement communautaire dans les domaines de l'animation, l'appui aux causes, les affaires publiques, l'éducation, l'éducation permanente, l'éducation communautaire et la gérontologie. On a fait remarquer que le programme multiculturel du North York Inter-Agency Council avait créé plusieurs cours de formation du personnel et avait contribué à mettre au point des politiques améliorant l'accès aux services pour toutes les personnes, sans égard à leur race, religion, ethnicité ou langue. Cette présentation a souligné la situation spéciale, souvent tragique, de la population ethnique âgée, en particulier des femmes, et la nécessité de leur venir en aide. La Metro Toronto Chinese Golden Age Society offre toute une gamme de services. Ses programmes préparant les Chinois âgés à obtenir la citoyenneté canadienne ont été décrits en détails. La Canadian Macedonian Senior Citizens Centre Association a présenté un document faisant l'histoire de la communauté macédonienne au Canada. En 1979, la communauté a construit Macedonian Place—foyer pour personnes âgées. Vu que la moyenne de l'âge des résidents est maintenant de 83 ans, l'Association considère la construction d'un foyer de soins infirmiers sur la même propriété. Le Parkdale Intercultural Council a fait une déclaration sur ses objectifs: encourager des relations sociales et culturelles positives entre particuliers et groupes de cultures ethniques différentes.

Organismes de services communautaires: Yorkminster Outreach a été créé en 1980 par une poignée de membres de l'Eglise Unie Yorkminster. Ses objectifs sont de réunir les hommes et les femmes handicapés physiquement vivant dans un rayon de deux milles de l'église et ne pouvant pas participer pleinement aux activités de la société. Des rampes ont été construites pour permettre l'accès aux salles de réunion; on espère ainsi atteindre les personnes isolées et les faire bénéficier de ce programme de bon voisinage. A suivi une brève description de la Family Services Association de la Communauté urbaine de Toronto. L'Association s'occupe des personnes âgées par le truchement des services de soutien aux personnes âgées, le Club Illahée et le programme de vacances d'automne et d'hiver à Bolton. Les clubs Illahée et les programmes de vacances s'adressent

maison de soins infirmiers Sherwood Park Manor offre aussi aux étudiants du St. Lawrence College un bon environnement éducatif. La dernière présentation sur le logement a été faite par un représentant du Carveith Care Centre; ce centre, qui existe depuis quatre ans, comporte 68 lits et a gagné un prix. Des programmes pilotes, comme celui des soins palliatifs, celui des lits de repos, et les programmes de réadaptation communautaires sont offerts par cet établissement.

Services de soutien communautaires: Une présentation faite par le Family Resources Network Community Program a permis de constater qu'une grande proportion de personnes âgées dans la région de Lanark, Leeds et Grenville vivent dans des établissements, à cause d'un manque de services de soutien pour les personnes qui viennent de perdre un conjoint ou les personnes fragiles. Cette présentation conclut que pour arriver à fournir les services de soutien nécessaires, il faudrait que le gouvernement municipal participe davantage aux activités des petits villages et villages, que la communauté ait la volonté d'offrir conseils et appui, et que les services bénévoles augmentent. Parmi les différents services de soutien mentionnés: les soins de jour au Centre Rath-Reynolds de St. Lawrence Lodge, la cuisine ambulante, le Centre Sheppard, le programme d'aide communautaire de Kemptville et les services de soins palliatifs de l'hôpital St-Vincent de Paul. Une autre présentation du comité de Brockville pour personnes handicapées a porté sur l'évaluation des besoins de transport en autobus des personnes âgées handicapées. L'objectif principal est de fournir des transports à ceux qui ne peuvent pas utiliser les transports en commun habituels. Ce forum régional a insisté sur la nécessité de former le personnel de soins—tous ceux qui s'occupent des personnes âgées. Une autre question concerne le rôle du curateur public: "Les personnes âgées de l'Ontario doivent être tenues au courant de ce qui risque d'arriver à leur propriété en cas d'admission d'un conjoint dans un hôpital psychiatrique—et doivent apprendre comment procéder pour éviter que la propriété soit soustraite au contrôle du conjoint ne faisant pas l'objet de soins psychiatriques". Les clubs de loisirs, les associations de locataires et les conseils de résidents âgés ont également fait des présentations. Mme McHale, présidente du Conseil consultatif, a mis fin à l'assemblée en déclarant: "J'ai été très impressionnée par la variété des services disponibles dans la région de Leeds, Grenville et Lanark, comme par la façon dont les collectivités ont collaboré pour établir des programmes ruraux et urbains équilibrés. Il semble qu'elles ont la motivation de répondre aux besoins, sans attacher trop d'importance aux limites géographiques".

Communauté urbaine de Toronto

Un forum régional d'une journée intitulé "A Window on the Achievements and Needs of Seniors in Metropolitan Toronto" s'est tenu le 15 mars 1983 à Canada Life Place, dans le centre-ville de Toronto. M. John Withrow, membre du Conseil de Toronto, présidait ce forum d'environ soixante-dix participants et invités. C'est l'honorable Margaret Birch, secrétaire

L'objectif principal des assemblées régionales est d'encourager les personnes âgées, et ceux qui les servent, à communiquer leurs succès et leurs besoins au Conseil. C'est un point très important, car le Conseil obtient ainsi des renseignements directs sur les affaires relatives aux personnes âgées dans les différentes régions de la province.

Au cours de l'exercice financier 1982/1983, le Conseil a tenu deux forums publics: un à Brockville, l'autre dans la Communauté urbaine de Toronto.

Brockville:

Un forum régional d'une journée s'est tenu le 30 novembre 1982 au St. Lawrence Lodge foyer pour personnes âgées de Brockville. Cette séance réunissant plus de quatre-vingt personnes était présidée par Mme Frances MacCordum, membre du Conseil consultatif de Brockville. Les participants assisterent à des présentations ou en firent eux-mêmes sur des sujets comme la santé, le logement, les services d'aide communautaires, les transports et autres questions intéressant les personnes âgées des régions de Lanark, Leeds et Grenville.

Santé: Les questions de santé ont fait l'objet d'une discussion, y compris une perspective démographique régionale et géographique du nombre et de la répartition des personnes âgées dans la région de Lanark, Leeds et Grenville. Les services de santé publique de la région ont ensuite été décrits. Un des points soulevés par cette présentation est le fait que les infirmières hygiénistes de la région maintiennent une liste de personnes âgées "courant de graves risques", sur la santé desquelles elles veillent et qu'elles évaluent périodiquement. L'hygiène dentaire pour personnes âgées dans la région a fait l'objet d'une présentation; selon une déclaration, une des mesures prises par les services de santé du district a été d'étiqúeter les dentiers des résidents des institutions de soins prolongés. Une présentation sur la nutrition dans les trois comtés a mentionné qu'un cours de cuisine pour une personne était offert par un spécialiste en nutrition à la retraite dans un des centres locaux pour personnes âgées.

Différents programmes de soins à domicile à Leeds, Lanark et Grenville ont ensuite été décrits. Ces programmes fournissent des services d'infirmières diplômées, de physiothérapeutes, d'ergothérapeutes, de phoniatres et de travailleurs sociaux. Sur recommandation d'un coordinateur des soins à domicile, des services de soutien peuvent aussi être fournis. Le programme des soins d'urgence vise la réadaptation ou les soins à court terme, alors que les soins à domicile pour les maladies chroniques tendent à aider les personnes qui ont besoin d'aide médicale à long terme. Une des suggestions visait à améliorer les services fournis par ce programme en amplifiant et en soutenant les programmes de jour et en en facilitant l'accès aux personnes handicapées des petites collectivités de la région. Un programme

de jour pour l'hôpital général de Brockville a aussi été mentionné.

Les services de coordination des placements dans la région des trois comtés ont fait l'objet d'une présentation. Leur rôle est de tenir une liste centrale de toutes les personnes désireuses d'être placées dans des institutions et une liste des lits disponibles, de servir de liaison pour ceux qui désirent avoir accès aux services d'hygiène, de fournir aussi des données au Conseil régional de santé. Il a été question des lacunes dans les services de la région: besoins de repos, de soins pendant les vacances et de lits pour soins d'urgence, d'équipes d'évaluation psychiatrique, de programmes de soins de jour, de programmes hospitaliers de jour, de logements pour les personnes âgées avec services de soutien disponibles, de formation de bénévoles et d'amélioration des transports dans la région de Lanark, Leeds et Grenville. Un hôpital de jour proposé pour l'hôpital général de Brockville et une équipe d'évaluation gériatrique située à l'hôpital psychiatrique de Brockville ont fait ensuite l'objet d'une discussion.

Le programme de la clinique de pédicurie des infirmières du Victorian Order a ensuite été décrit. Les objectifs de ce programme ont toujours été d'offrir des séances de soins accessibles, d'identifier les problèmes podologiques dès le début, d'enseigner les soins préventifs à tous les patients et de fournir de la documentation appropriée. Les séances ont lieu toutes les six semaines. Au cours de cette présentation, les participants exprimerent aussi le désir d'une plus étroite collaboration avec les autres clubs de service et les organismes de santé dans le but de planifier l'avenir et d'éviter les doubles emplois.

Logement: Le logement a donné lieu à de

nombreuses présentations. La Commission de logement de Leeds et de Brockville a parlé du nombre d'appartements pour personnes âgées qu'elle gère, ainsi que des coûts et du type de soins disponibles, et des personnes qui ont droit à ces appartements. Cette présentation a été suivie de l'histoire de la Marguerita Residence Corporation. Il s'agit d'un immeuble locatif sans but lucratif pour personnes âgées à revenu moyen à faible. Il comprend 59 appartements d'une chambre à coucher et 6 à deux chambres à coucher pour personnes âgées mobiles, ainsi que 7 appartements à une chambre à coucher et 7 à deux chambres pour personnes handicapées. La liste d'attente pour un appartement dans cet immeuble s'est allongée depuis son ouverture, de sorte que la construction d'un autre immeuble localif de quarante-cinq appartements est envisagée pour 1983.

L'assemblée a assisté ensuite à une présentation sur la maison de soins infirmiers Sherwood Park Manor, établissement charitable unique en son genre car il appartient au public. Le rapport mentionne que le personnel, l'administration et les résidents s'efforcent de maintenir une atmosphère familiale. Les familles et les bénévoles participent activement, ainsi que le Conseil des résidents qui est bien organisé. La

mental et en prenant en considération les besoins différents des "jeunes vieux", des "vieux" et des "vieux vieux" de façon à pouvoir planifier les logements et les services nécessaires à l'avenir;

c) Services de soutien nécessaires aux personnes âgées dans des logements et meilleur moyen de fournir ces services.

D'autres recommandations au sujet du rôle et de la formation des directeurs, des conseillers à domicile et du personnel de sécurité, ont aussi été faites.

Le Conseil réalise aussi que les personnes âgées habitant leur propre foyer sont souvent désavantagées du point de vue financier par rapport à celles habitant des logements subventionnés; par conséquent, des recommandations relatives aux impôts fonciers et aux réparations ont été faites. Le subventionnement actuel de l'impôt foncier contribue déjà à alléger le fardeau fiscal. Il faut toutefois examiner la possibilité d'autres logements dans la communauté, comme les coopératives, le partage des foyers, etc. En 1979, le Conseil recommandait au gouvernement d'encourager le partage des foyers, qu'il s'agisse de maisons ou d'appartements; ceci pourrait se faire par le moyen du régime de crédits d'impôt de l'Ontario.

SITUATION ACTUELLE: La responsabilité de cette étude a été confiée au ministère des Affaires municipales et du Logement.

13. "LE GOUVERNEMENT DEVRAIT ÉTUDIER LA POSSIBILITÉ D'AUGMENTER LES PRESTATIONS VERSÉES AUX PERSONNES SEULES PAR RAPPORT À CELLES VERSÉES AUX COUPLES EN RÉGIME GAINS-A ET ENVISAGER DES SOLUTIONS DE RECHANGE".

14. "LE GOUVERNEMENT DEVRAIT ÉTUDIER LA POSSIBILITÉ DE RÉDUIRE LE TAUX DE RECOURS AU REVENU GAGNÉ PAR LES PRESTAIRES DU RÉGIME GAINS-A".

Depuis 1977, le Conseil consultatif a recommandé à maintes reprises que le revenu minimum d'une personne âgée seule soit fixé à 66-2/3 du revenu d'un couple marié. Cette recommandation est appuyée par le Rapport de la Commission royale d'enquête sur le statut des régimes de pensions en Ontario, qui déclare en

autre que les taux des prestations de base du supplément de revenu garanti du gouvernement fédéral et du régime GAINS provincial doivent être ajustés de façon à ce que les personnes seules reçoivent au moins 60 pour cent du montant auquel a droit un couple marié.

En ce qui concerne l'imposition des revenus du travail des personnes âgées, le Conseil consultatif considère cette mesure comme décourageant le travail; en 1979, il recommandait au gouvernement ontarien de trouver le moyen d'encourager les personnes âgées à revenu minimum à améliorer par leurs propres efforts leur situation financière. Le Conseil consultatif se préoccupe particulièrement des femmes âgées. Les femmes âgées sont toujours été ciblées, qu'elles soient veuves ou qu'elles vivent seules, dans une situation encore plus critique, vu que nombre d'entre elles n'ont jamais été employées. Quant à celles qui avaient un emploi, dans nombre de cas elles n'avaient pas de pensions et le régime de pensions du Canada est entré en vigueur trop tard.

15. "LE GOUVERNEMENT DEVRAIT ÉTABLIR UNE POLITIQUE D'ENSEMBLE SUR LES MESURES PERMETTANT D'ACROÎTRE LA SÉLECTIVITÉ DE L'AIDE AU REVENU APPORTÉE AUX PERSONNES AGÉES".

Tout en étant partisan d'un revenu de base garanti pour les personnes âgées, le Conseil exprime ses préoccupations au sujet des principes de base des programmes universels, comme le régime gratuit d'assurance-maladie de l'Ontario, les médicaments gratuits, la réduction des coûts de transports, etc. Certains sont d'avis qu'une enquête sur la situation financière est avilissante et exigerait une bureaucratie coûteuse. Le Conseil a toutefois fait remarquer que les programmes de supplément de revenu garanti et de revenu annuel garanti exigent déjà une enquête sur la situation financière des personnes âgées présentant une demande.

SITUATION ACTUELLE: C'est le ministère du Trésor et de l'Économie qui a été chargé de la responsabilité dans ce domaine.

programme et de réviser les directives du programme de placement/coordination.

9. "LE GOUVERNEMENT DOIT

ENCOURAGER LA COORDINATION DE

LA PLANIFICATION LOCALE DES

SERVICES AUX PERSONNES AGÉES".

Le Conseil consultatif recommande une collaboration étroite non seulement avec les collectivités locales, mais aussi entre les ministères.

Ceci doit tout particulièrement être le cas dans les régions isolées et le Nord de la province. Au cours des assemblées régionales du Conseil, les résidents et les groupes ont fait part des difficultés et des délais dans la construction de foyers ou de logements subventionnés pour personnes âgées, problèmes dus à des lois divergentes dans les différents ministères. Ils ont suggéré plus de collaboration entre les ministères, ainsi que des consultations avec les collectivités locales dans le but d'établir le modèle de services le plus approprié. Un programme valable pour convenir à une grande ville doit être modifié pour convenir à une population plus clairsemée. Les services de soutien à domicile ont besoin de différentes subventions et doivent être basés sur d'autres critères s'ils doivent s'appliquer aux grandes distances du Nord ontarien.

Cette recommandation est étroitement liée à la recommandation n° 10.

SITUATION ACTUELLE: Les ministères

responsables sont ceux de la Santé, des

Services sociaux et communautaires et des

Affaires municipales et du Logement.

10. "LE GOUVERNEMENT DOIT ACCORDER

LA PRIORITÉ À LA PRESTATION DE

SERVICES COORDONNÉS DANS LES

COLLECTIVITÉS DU NORD ET

ELOIGNÉES".

Le Conseil, informé par ses membres, ses assemblées régionales et les lettres adressées au bulletin "Especially for Seniors", est pleinement conscient des besoins en services médicaux et sociaux pour les personnes âgées dans les collectivités du Nord et les collectivités isolées de l'Ontario. En 1980, le Conseil a invité le Rural Development Project de Gueph à rédiger une déclaration de base décrivant, à partir des sources d'information existantes, les avantages et les inconvénients des régions rurales pour les personnes âgées. Le rapport "Towards an Understanding of the Rural Elderly" soulève certains problèmes exigeant une recherche et une compréhension plus approfondies dont un, mentionné dans les recommandations antérieures du Conseil, est

relée à la question d'un modèle de prestation de services approprié aux grandes distances et à l'isolation.

Par la suite, le Conseil a rédigé et présenté au gouvernement en 1982 un document de travail intitulé "A Model for Delivery of Services

to Remote and Northern Communities in Ontario". Ce document fait état de la nécessité d'un système de services plus centralisé et recommande comme solution viable un modèle de "centre polyvalent" pouvant abriter sous un toit tous les services, ce qui en faciliterait l'accès et permettrait de tirer meilleur parti des ressources existantes.

SITUATION ACTUELLE: Le ministère des Affaires du Nord a été choisi comme ministère responsable de la collaboration avec les ministères de la Santé, des Services sociaux et communautaires et des Affaires municipales et du Logement. Selon nos renseignements, quelques démonstrations et projets d'essai sont à l'étude ou ont déjà été entrepris.

11. "LE GOUVERNEMENT DOIT REVOIR LE RÔLE DES FOYERS POUR PERSONNES AGÉES QUI DISPENSENT DES SOINS PROLONGÉS EN ÉTABLISSEMENTS".

À l'origine, la législation gouvernant les foyers pour personnes âgées visait à fournir des soins en institution; depuis lors, la situation a changé du tout au tout. Pour plusieurs raisons, les personnes à la recherche de soins dans un établissement ont 80 ans et plus et non 65 ans. Les résidents à long terme ont beaucoup vieilli et sont devenus plus fragiles, de sorte que les foyers pour personnes âgées s'occupent maintenant beaucoup plus des soins prolongés et du traitement des maladies chroniques, ce qui fait qu'ils ont dû dévier du mandat reçu à l'origine.

Cette recommandation est étroitement liée à la recommandation n° 4; le Conseil pense que tout le domaine des soins à long terme par les secteurs public et privé doit être examiné sans délai et qu'une coordination est nécessaire afin d'obtenir des normes uniformes de soins.

SITUATION ACTUELLE: C'est le ministère des Services sociaux et communautaires qui est responsable de ce domaine.

12.

"LE GOUVERNEMENT DOIT

ENTREPRENDRE UNE ÉTUDE

GÉNÉRALE DES ORIENTATIONS EN

MATIÈRE DE LOGEMENT POUR LES

PERSONNES AGÉES ET DES FORMULES

POSSIBLES À L'AVENIR, Y COMPRIS LE

RÔLE DU SECTEUR PUBLIC ET DU

SECTEUR PRIVÉ EN MATIÈRE DE

LOGEMENT".

Le Conseil consultatif a recommandé en 1976-1977 que la Société de logement de l'Ontario entreprenne des recherches dans les domaines suivants:

- a) Conception, emplacement et efficacité des logements en fonction des besoins actuels, ainsi que prévisions et projections pour répondre aux besoins futurs;
- b) Changement de profil des personnes âgées en se basant sur leur bien-être physique et

ayant un revenu annuel maximum de 5 000 \$ pour une personne seule et de 10 000 \$ s'il s'agit d'un couple. En avril 1975, le gouvernement annonçait la création d'un régime universel. Bien que le Conseil ait accueilli favorablement cette déclaration, il se demande si elle n'entraînera pas un abus des médicaments. Pour cette raison, le Conseil a rédigé et distribué un document portant sur les médicaments et les personnes âgées. Cette prise de position indiquait que la responsabilité du bon usage des médicaments devait être partagée par tous—consommateurs et fournisseurs.

Un autre document du Conseil consultatif parle des personnes âgées et de la surdité et contient des recommandations visant à améliorer au niveau communautaire les soins aux personnes âgées atteintes de surdité. Le Conseil consultatif a de plus rédigé une prise de position sur les "besoins en soins dentaires des personnes âgées en Ontario". Les soins dentaires, les soins préventifs, l'entretien et le traitement des dents et de la bouche sont des questions dont le Conseil s'occupe depuis longtemps et au sujet desquelles il a déjà fait nombre de déclarations et de recommandations.

SITUATION ACTUELLE: Le ministère de la Santé a pour objectif d'examiner les possibilités de développer et les stratégies de substitution.

6. "LE GOUVERNEMENT DOIT CONTINUER DE S'OCCUPER EN PRIORITÉ DU DÉVELOPPEMENT DES SERVICES DE SOINS ET D'AIDE À DOMICILE".

Au cours de sa première année d'existence (1974-1975), le Conseil consultatif a établi comme première priorité la disponibilité de services de soutien aux personnes âgées, dans le but de les maintenir le plus longtemps possible dans la collectivité, hors des institutions. De nombreuses consultations ont eu lieu entre des représentants du gouvernement et agences privées. Deux rapports—"Home Help Services for the Elderly in Sweden and England" et "Home Support Services for the Elderly in the Province of Ontario" ont été rédigés et soumis au gouvernement.

Depuis lors, le Conseil n'a jamais cessé de considérer que les services de soutien à domicile étaient la seule solution viable à la vie indépendante. Bien que certains progrès aient été accomplis, certains facteurs tels que la géographie, le manque de personnel formé, de conseillers et de services de recommandation, contribuent à une certaine disparité. Le Conseil continuera à surveiller les prochains développements.

SITUATION ACTUELLE: Les ministères de la Santé et des Services sociaux et communautaires sont les ministères responsables dans ce domaine. La nouvelle politique des aides familiales a établi un service uniforme d'aide à domicile pour toutes les personnes âgées souffrant de maladies aiguës

ou chroniques et les adultes physiquement handicapés, service fourni par le programme de soins à domicile du ministère de la Santé.

7. "LE GOUVERNEMENT DOIT ÉLABORER UNE STRATÉGIE VISANT À FOURNIR DES SERVICES COORDONNÉS DE SOINS DE SANTÉ ET D'AIDES SOCIALES À DOMICILE AUX GROUPES DE PERSONNES ÂGÉES, EN ACCORDANT LA PRIORITÉ AUX LOGEMENTS POUR PERSONNES ÂGÉES".

En 1974-1975, le Conseil consultatif avait recommandé l'établissement de services de soutien allant de pair avec la construction de logements pour personnes âgées, de façon que chaque établissement du troisième âge bénéficie de services permettant un mode de vie beaucoup plus indépendant tout en offrant des soins infirmiers, des repas et des services d'aide familiale.

Lors d'assemblées régionales du Conseil, nombre de différentes municipalités ont fait état de la nécessité de ces services. Dans certains logements subventionnés, la moyenne d'âge des locataires est de 80 ans et plus; la question se pose donc de savoir si les logements doivent se borner à servir d'abri et si les locataires qui ne peuvent plus vivre indépendamment doivent être transférés dans des établissements de soins à long terme, ou si la meilleure solution ne serait pas de créer des services de soutien permettant aux locataires de rester dans un environnement qui leur est familier.

SITUATION ACTUELLE: Le ministère de la Santé doit établir une stratégie visant à commenter l'application des programmes existants de logements pour personnes âgées; fournir des services sur place et évaluer les coûts d'exploitation, et créer des projets d'essai des stratégies de remplacement.

8. "LE GOUVERNEMENT DOIT REVOIR LES ENTENTES ET INITIATIVES ACTUELLES EN MATIÈRE DE COORDINATION DU PLACEMENT ET ÉVALUER LES INITIATIVES ULTÉRIEURES EN VUE DE FAVORISER LE PLACEMENT".

En 1977-1978, le Conseil consultatif a recommandé au gouvernement l'établissement d'agences de coordination locales et indépendantes qui seraient responsables de l'évaluation, du placement et de la coordination des services aux personnes âgées entrant dans des institutions vers les services de soutien à domicile pour les cas ne nécessitant pas de soins dans une institution.

SITUATION ACTUELLE: Le ministère de la Santé est le ministère responsable; le but de cette initiative est d'examiner les résultats des évaluations et de jauger les programmes, d'établir formellement les normes de gestion du

et plus et sur celles qui approchent de l'âge de la retraite.

4. "LE GOUVERNEMENT DOIT CONTINUER

D'ENCOURAGER LES SOLUTIONS DE RECHANGÉ AUX SERVICES DE SOINS INTENSIFS DANS LES HÔPITAUX, EN ACCORDANT LA PRIORITÉ AUX SOINS PROLONGÉS ET AUX SERVICES COMMUNAUTAIRES"

Dès sa création, le Conseil consultatif a exprimé sa préoccupation au sujet des soins à long terme pour les personnes âgées. Le Conseil admet que l'Ontario a, par rapport à d'autres provinces, fait beaucoup de progrès dans le domaine de la santé et des services sociaux; il y a toutefois encore bien des injustices auxquelles il faut remédier. Pour évaluer la situation actuelle, le Conseil a recommandé, en mars 1981, au gouvernement l'établissement par le Secrétaire provincial aux Affaires sociales, d'un groupe d'étude des politiques actuelles régissant les maisons de soins infirmiers, les foyers pour personnes âgées et les établissements de bienfaisance dans les secteurs public et privé. Il y a eu regain d'activité parmi les foyers de retraités et foyers de groupes sous licence des municipalités en ce qui concerne le zonage, la sécurité, la prévention des incendies, les règlements, etc. Le Conseil a recommandé en 1979 que le gouvernement promulgue des lois pour contrôler l'établissement et la gestion des maisons de retraite. Dans sa réponse, le gouvernement conseillait de confier au gouvernement local la responsabilité du contrôle des maisons de retraite, ceci pour plusieurs raisons. Le gouvernement surveillera de près la situation.

SITUATION ACTUELLE: Les ministères

responsables désignés sont ceux de la Santé et des Services sociaux et communautaires.

5. "LE GOUVERNEMENT DOIT FAVORISER

LE DÉVELOPPEMENT DES PROJETS PILOTES EN MATIÈRE DE SERVICES DE SANTÉ NOUVEAUX POUR LES PERSONNES ÂGÉES (PROGRAMMES DE CONSULTATION DE JOUR, PROGRAMMES DE CONSULTATION EXTERNE ET CENTRES DE SANTÉ COMMUNAUTAIRES) ET EN RECHERCHE APPLIQUÉE TOUCHANT LES PERSONNES ÂGÉES ET L'UTILISATION QUELLES FONT DES SERVICES DE SANTÉ".

Le Conseil consultatif a, à maintes reprises, commenté la nécessité de mesures préventives d'hygiène en insistant sur la responsabilité des individus pour un mode de vie approprié à leurs besoins physiques, mentaux, affectifs, sociaux et spirituels.

En juillet 1974, le Conseil recommandait que le régime gratuit de médicaments soit étendu à toutes les personnes âgées de 65 ans et plus,

mécanismes pouvant parer aux problèmes imminents d'une population vieillissante

- b) L'expertise, les aptitudes et talents des toujours croissante;
- c) Les projections démographiques disponibles doivent être utilisées pour déterminer les besoins futurs, y compris la planification efficace à long terme, ainsi que pour évaluer l'effet économique sur l'avenir de la société; et

- d) Les personnes âgées doivent prévoir une planification personnelle plus intensive et assumer plus de responsabilités pour leur vie, de façon à maintenir le plus longtemps possible leur indépendance.

Depuis de nombreuses années, le Conseil fait état de ses préoccupations et est fermement d'avis que la planification de l'avenir ne doit pas attendre que la situation soit devenue critique.

SITUATION ACTUELLE: Le Secrétaire aux

Affaires sociales a pris l'initiative d'accorder une importance accrue à la recherche, d'assurer l'utilisation des ressources de façon coordonnée; de réunir tous les renseignements nécessaires à l'étude des options ultérieures.

3. "LE GOUVERNEMENT DOIT

ENCOURAGER LA PRÉPARATION À LA RETRAITE ET FACILITER L'ACCÈS DES COURS DANS CE DOMAINE".

Dès 1975/1976, le Conseil consultatif communiquait ses préoccupations et ses recommandations au sujet de l'éducation des personnes à la veille de la retraite. À cette époque, la recommandation s'adressait au gouvernement ontarien qui emploie plus de personnes dans la province que n'importe quelle autre organisation, et dont les ministères offrent des cours de préparation à la retraite incomplets et de niveau inégal. Le Conseil recommandait que la Commission de la fonction publique de l'Ontario soit autorisée à mettre sur pied un programme très détaillé de préparation à la retraite qui serait utilisé par le gouvernement et le secteur privé.

La situation présente indique que, bien que le nombre des programmes axés sur le départ à la retraite dans le secteur privé ait augmenté, le gouvernement et le grand public n'ont toujours pas de méthode universelle d'attaque du problème de préparation à la retraite. Le Conseil exprime aussi ses inquiétudes au sujet du manque d'uniformité de ces programmes, du manque de qualifications des conseillers bénévoles ou payés et, surtout, du manque de motivation de la part des participants.

SITUATION ACTUELLE: Le ministre du Tourisme et des Loisirs et le Secrétaire aux Affaires sociales sont chargés de mettre sur pied les ressources appropriées—formation du personnel d'enseignement et préparation du matériel d'appui; établissement d'une stratégie d'information axée sur les personnes de 40 ans

Examen du Conseil: "Les personnes âgées en Ontario" un programme pour les années 1980

Résumé des recommandations du Conseil

Ce rapport très détaillé a été présenté en 1981 par le groupe d'étude provincial sur le vieillissement. Il examine les politiques et programmes actuels du gouvernement ontarien et leurs répercussions sur les personnes âgées, et présente quinze recommandations pouvant servir d'ordre du jour au gouvernement dans sa planification des besoins futurs.

Un comité de direction, formé du Secrétariat provincial aux Affaires sociales et des ministères de la Santé, des Services sociaux et communautaires, des Affaires municipales et du Logement, du Tourisme et des Loisirs, des Affaires du Nord, et du Trésor et de l'Economie, a été créé dans le but de coordonner la planification de la mise en vigueur des recommandations.

Le Conseil consultatif a le plaisir d'annoncer que le rapport contient nombre des recommandations faites par le Conseil depuis sa création en 1974. Au cours de l'exercice 1982-1983, l'honorable Margaret Birch a demandé au Conseil de se concentrer plus particulièrement sur un examen des recommandations du "Programme pour les années 1980".

Un aperçu de l'historique des recommandations du Conseil, ainsi que certains commentaires sur les domaines qu'elles recouvrent, sont donnés plus loin. Les commentaires d'ordre général sont basés sur l'expertise des membres du Conseil, les consultations ayant eu lieu dans les assemblées régionales et les lettres adressées au bulletin "Especially for Seniors". Les quinze recommandations du "Programme pour les années 1980" sont en majuscules et leur situation actuelle est indiquée dans le dernier paragraphe de chaque section.

1. "LE GOUVERNEMENT DOIT S'OCCUPER EN PRIORITÉ DE LA CRÉATION D'UN OFFICE DES PERSONNES ÂGÉES"

Le Conseil consultatif a soumis en 1980-1981 au gouvernement un document faisant état de la nécessité d'établir un organisme central pour les personnes âgées. Cet organisme, placé sous l'égide du Secrétariat aux Affaires sociales, serait responsable des personnel âgées et du vieillissement.

Le Conseil consultatif a souligné que cet organisme central doit avoir un rôle clairement défini et doit disposer d'un personnel capable de fournir les services suivants:

1. Coordination des services aux personnes âgées par une liaison directe avec les

ministères et les organismes chargés des programmes pour l'âge d'or;

2. Établissement et coordination des politiques affectant les personnes âgées en Ontario; planification à long terme s'étendant à la collecte de données, aux rapports et aux études portant sur les personnes âgées;
4. Rôle éducatif dans la tenue d'ateliers, séminaires ou groupes de discussion pour les ministères et les organisations s'occupant des personnes âgées et des affaires les concernant;
5. Liaison et consultation avec des organisations communautaires s'occupant des personnes âgées;

6. Production et publication de documents spécialisés dans le domaine des personnes âgées et du vieillissement tels que guides, manuels, brochures et communiqués de presse;
7. Coordination des projets spéciaux visant les personnes âgées: Semaine de l'âge d'or ou autres activités en dehors des responsabilités d'un ministère;
8. Évaluation et contrôle des programmes pour les personnes âgées;
9. Rôle clé dans le développement de la recherche sur le vieillissement;

10. Rôle de "bureau central" pour tous les renseignements et les données sur les personnes âgées, y compris accès à l'information aux niveaux locaux, national et international;
11. Présidence des comités interministériels appropriés travaillant pour les personnes âgées ou des équipes pour projets spéciaux;
12. Coordination et planification à long terme des soins prolongés.

SITUATION ACTUELLE: Le Secrétariat des personnes âgées a été créé le 18 janvier 1982; il dépend du Secrétariat aux Affaires sociales et a pour mandat d'aider les ministères à améliorer l'accès à l'information pour les personnes âgées; de servir de liaison et d'aider à faire circuler l'information, d'encourager la collaboration interministérielle dans l'établissement des politiques; de servir d'appui aux divers groupes d'études interministériels et de favoriser la recherche interministérielle.

2. "LE GOUVERNEMENT DOIT ACCORDER LA PRIORITÉ À LA RECHERCHE SUR LES POLITIQUES ET PROGRAMMES À L'INTENTION DES PERSONNES ÂGÉES"

En 1979, le Conseil consultatif recommandait au gouvernement de planifier l'avenir. Cette recommandation déclarait qu'un examen statistique indiquait l'urgence d'une planification efficace visant à répondre aux besoins futurs d'une population vieillissante. Le Conseil fit les recommandations suivantes:

- a) Tous les niveaux du gouvernement et les organisations s'occupant des personnes âgées doivent immédiatement entreprendre une planification et des études à long terme, et établir des priorités pour la création de

dissolution d'un mariage ou après une séparation de trois ans. Ceci établit le principe de l'égalité des conjoints dans le cadre de l'unité familiale.

B) La possibilité de continuer de verser au survivant au moins 60 % du montant des rentes de retraite et des rentes viagères des régimes enregistrés d'épargne-retraite et des comptes de pension enregistrés d'un pensionné décédé.

C) Les conjoints survivants des membres d'un régime de retraite décédés avant le départ à la retraite doivent obtenir la valeur totale de la retraite courue.

D) Les retraités des survivants se maintiendraient même en cas de remariage.

Le Conseil convient que ces quatre propositions contribueraient à améliorer les régimes privés de retraite. Il suggère toutefois que, vu les lois gouvernant l'impôt sur le revenu, une assurance-vie collective serait plus appropriée aux besoins d'un survivant que la proposition (C). Le Conseil tient aussi à attirer l'attention sur le fait que ces propositions augmenteraient les frais à la charge de l'employeur ou réduiraient les prestations du régime.

5. Adhésion obligatoire et non-discrimination

Il est aussi proposé que les régimes privés de retraite soient ouverts à tous les employés, à plein temps et à temps partiel, après un an de service et que la participation devienne obligatoire à l'âge de 25 ans.

Cette proposition empêcherait aussi que des groupes différents d'employés aient des régimes séparés de retraite et assurerait aussi que toutes les prestations commenceraient à être payées au plus tard à la date normale du départ à la retraite, même au cas où les employés le diffèrent.

Le Conseil estime que ces idées doivent être approfondies et définies; entre-temps, le gouvernement poursuit ses efforts en vue d'éliminer la discrimination tout en permettant une certaine différenciation.

6. Divuligation des renseignements

Cette proposition suit la tendance croissante depuis plusieurs années, pour laquelle certaines provinces ont déjà proclamé des lois. La proposition est en faveur d'un état financier annuel du régime, d'une liste des actifs du fonds et d'un bilan actuariel.

Ici aussi, le Conseil exprime son accord de principe, mais tient à examiner les détails, pour s'assurer que rien n'entrave la bonne gestion des actifs en question.

7. Suppression de la discrimination fondée sur le sexe

Cette proposition vise à égaliser les prestations mensuelles de retraite entre employés hommes et femmes ayant payé des cotisations égales pendant la même période.

Le Conseil considère que les femmes devraient recevoir les mêmes prestations de

retraite que les hommes. Vu toutefois les problèmes actuariels reliés à la souscription de régimes à prestations égales pour espérances de vie différentes, le Conseil pense qu'une recherche s'impose pour trouver l'équilibre entre les cotisations des hommes, des femmes et de leurs employeurs afin d'obtenir les prestations mensuelles égales recherchées.

8. Plus grande protection en cas de cessation des régimes

Cette proposition vise à renforcer les normes de financement des régimes privés de retraite. Elle suggère une assurance contre la cessation des régimes, ainsi que des changements dans les retraites prioritaires des actifs d'un employeur dont le régime de retraite est déficitaire au moment où le régime est résilié.

Le Conseil favorise une plus grande protection des actifs des régimes de retraite; il hésiterait cependant à recommander que l'on oblige un employeur dont le régime de pension est totalement financé à payer des primes d'assurance.

9. Amélioration au régime de pensions du Canada et au régime de rentes du Québec

Ce sujet fait l'objet de quatre propositions:

a) Porter le maximum des gains cotisables, c'est-à-dire le montant sur lequel on base les cotisations, au niveau de salaire moyen dans l'industrie au cours d'une période de trois ans.

b) Mettre en oeuvre la clause d'exclusion pour élever des enfants.

c) Éliminer la cessation des versements en cas de remariage.

d) Partager les crédits après la dissolution d'un mariage ou quand le conjoint le plus jeune atteint l'âge de 65 ans en cas de décès d'un des conjoints, ou quand le conjoint non employé ou recevant le salaire inférieur est invalide.

Le Conseil est en faveur des propositions a) et b) et fait remarquer que le gouvernement ontarien a empêché la mise en vigueur de b). Nous sommes aussi en faveur de c) et du partage des crédits lors de la dissolution d'un mariage, mais à condition d'obtenir clarification du partage des crédits pour les trois dernières raisons.

10. Amélioration des prestations de survivant après la retraite et des prestations d'invalidité

Le Conseil est en faveur des améliorations suggérées.

Le Conseil consultatif de l'Ontario sur l'âge d'or fait remarquer pour finir que les désavantages du système privé de retraites et des régimes gouvernementaux ont déjà été examinés et commentés à maintes reprises ces trois ou quatre dernières années; il s'agit maintenant de commencer le processus de réforme en mettant en vigueur les améliorations relevant l'approbation générale et en concentrant les études sur les questions prêtant à confusion.

Minimum raisonnable

Le livre vert commente le fait que nombre de personnes âgées seules, dont la grande majorité est constituée par des femmes, ont des moyens d'existence insuffisants. Le gouvernement fédéral promet de redresser la situation "des que les ressources le permettent".

En ce qui concerne l'Ontario, le Conseil a fait remarquer à au moins deux reprises, qu'un ajustement des prestations du régime GAINS redresserait le déséquilibre du minimum entre les couples mariés et les personnes seules du troisième

En janvier 1983, le revenu minimum garanti des personnes âgées en Ontario était de :

Personnes		Mariés		seules		célibataires / mariés	
%							
Sécurité de la							
vieillesse							
Supplément de	251,12	502,24	50,0	64,8	30,9	56,3	52,6
revenu garanti	252,10	388,74					
Régime de revenu	48,88	158,22					
annuel garanti	503,22	890,98					
Total (sans GAINS)							
Total (y compris GAINS)	552,10	1 049,20					

Equité

Le livre vert fait des suggestions visant à renforcer les lois provinciales et fédérale sur les prestations des caisses de retraite et la Loi fédérale de l'impôt sur le revenu pour assurer une distribution équitable aux pensionnés, à ceux qui travaillent encore et aux survivants des bénéficiaires des régimes de retraite.

Eviter un bouleversement grave du niveau de vie à la retraite

Nombre de ces propositions, comme la jouissance anticipée des prestations de retraite, une plus grande possibilité de transfert des prestations de retraite, des prestations obligatoires aux survivants, le partage des prestations à la dissolution d'un mariage, etc. contribueraient à remédier à un grand nombre des désavantages actuels.

Propositions visant à cette réforme

1. Protection contre l'inflation

Les effets de l'inflation ont eu des conséquences graves non seulement pour les personnes bénéficiant de régimes de retraite privés qui ne sont en général pas indexés au coût de la vie, mais aussi sur les prestations de ceux qui travaillent encore et sur les titulaires de rentes différées payables à l'avenir.

Le livre propose d'utiliser les intérêts "excédentaires" gagnés par les régimes privés de retraite pour offrir une indexation partielle.

Assumant que les fonds de retraite devraient

2.

avoir un taux de rendement de 3,5% dans une économie sans inflation, les rentes en vigueur et les crédits de régimes de retraite seraient augmentés chaque année de la différence entre 3,5 % et le rendement moyen des obligations d'épargne à long terme du Canada au cours des 5 dernières années. Si cette différence dépasse au cours d'une année, l'augmentation de l'indice des prix à la consommation pour cette année, l'excédent serait "mis à la banque" pour être utilisé une autre année.

2.

2. Dévolution plus rapide

Cette proposition vise à rendre obligatoire l'acquisition des droits aux prestations de retraite après deux ans de participation à un régime privé, pour empêcher les employés d'avoir à contribuer à plusieurs régimes de retraite au cours de leur carrière et de la terminer avec peu ou pas de prestations. Selon le système actuel, la dévolution n'intervient qu'après dix ans de service et l'âge de 45 ans, ce qui ne donne à nombre d'employés qu'un remboursement de leurs cotisations plus intérêt si la période passée au travail ne leur donne pas droit aux cotisations de l'employeur.

En principe, le Conseil convient de la nécessité d'une dévolution plus rapide et a déclaré officiellement qu'il recommandait cette amélioration; quand le gouvernement fédéral lie cette proposition à la stipulation que la moitié de la valeur des prestations acquises par un employé partant à la retraite doit être payée par l'employeur, le Conseil estime qu'il s'agit là d'une répartition injuste des charges de retraite de l'employeur en faveur des employés à court terme par rapport à ceux dont toute la carrière s'est déroulée chez le même employeur.

3.

3. Comptes de pension enregistrés

Cette proposition vise à établir un nouveau moyen d'épargne-retraite comportant un dégrèvement fiscal semblable aux régimes enregistrés d'épargne-retraite. Les employés pourraient ainsi contribuer des montants exonérés d'impôts au compte de pension enregistrés des employés, ce qui permettrait aux employeurs et aux employés de souscrire une rente lors du départ à la retraite. Ce système permettrait aux petits employeurs d'offrir à leurs employés un régime de retraite entièrement transférable. Ainsi, un pourcentage beaucoup plus élevé de travailleurs pourraient bénéficier des prestations d'un régime privé de retraite au moment de leur départ à la retraite.

Le Conseil considère très favorablement cette proposition. Il voudrait savoir quelles sont les limites envisagées pour les cotisations annuelles et être assuré que l'introduction des comptes enregistrés de retraite ne sonnerait pas le glas des régimes enregistrés d'épargne-retraite.

4.

4. Meilleure protection des conjoints

Les quatre propositions faites à ce sujet sont les suivantes:

A) Le partage des pensions en vigueur ou des crédits de retraite à l'occasion de la

Conférence mondiale sur l'âge d'or des Nations Unies

Plusieurs années de préparation dans le monde entier ont abouti à la Conférence mondiale sur l'âge d'or qui s'est tenue à Vienne en Autriche du 26 juillet au 6 août 1982.

Le Conseil consultatif de l'Ontario sur l'âge d'or a participé aussi bien aux activités préparatoires qu'à la conférence. En juin 1981, le Conseil était représenté par l'ancien président Douglas H. Rapelle à l'occasion de la réunion technique régionale pour l'Amérique du Nord sur le vieillissement tenue au United States Department of State à Washington, D.C.

En janvier 1982, le Conseil national sur le vieillissement mandaté au Conseil consultatif de l'Ontario de participer à la préparation d'un rapport qui serait rédigé au nom des organismes non gouvernementaux (ONG) désireux de contribuer au document canadien devant être adressé à la Conférence mondiale sur l'âge d'or.

Le gouvernement canadien a nommé Mme Frances McHale, présidente du Conseil, membre de la délégation canadienne.

La Conférence mondiale des Nations Unies sur l'âge d'or, à laquelle assistaient des délégués de 125 pays, a constitué une occasion historique aussi bien pour les personnes âgées que pour la communauté internationale. C'était la première fois que l'O.N.U. consacrait une des conférences de sa série à thème unique à la question du vieillissement. Cette réunion constituait également une des rares occasions d'examiner un problème avant qu'il ne devienne critique.

De la part des Nations Unies il s'agissait d'une réaction à la croissance d'une population vieillissante. Ce phénomène, qui se manifeste depuis quelque temps dans les pays développés, ne manquera pas de se produire bientôt aussi dans le monde en voie de développement. Le but de la conférence a été de préparer le "Plan d'action international" visant à assurer les besoins sociaux, économiques et spirituels d'un nombre croissant de personnes âgées et à leur fournir plus d'occasions de contribuer au développement de leur pays.

Au Canada, les gouvernements fédéral et provinciaux, et les organismes non gouvernementaux intéressés à la question ou représentant les personnes âgées, ont collaboré étroitement aux préparatifs de cette importante initiative des Nations Unies. Ces efforts coopératifs ont produit un rapport du gouvernement canadien et un rapport des organismes non gouvernementaux sur le vieillissement; ces documents seront particulièrement précieux à l'avenir comme ouvrages de référence. Cette coopération a été suivie par une importante délégation canadienne à la conférence mondiale; la délégation avait à sa tête, la première semaine, le sénateur Maurice Riel, et la dernière semaine, M. Charles Turner, député de London est. Le représentant permanent auprès du siège des Nations Unies à Vienne, l'ambassadeur Maurice D. Copithorne, assumait le rôle de chef suppléant de la délégation canadienne pendant toute la conférence. La délégation canadienne participa activement aux deux colloques s'occupant du travail de la

conférence mondiale qui siègeront simultanément pendant la majeure partie de la conférence. Lors des séances plénières, les 125 pays ou organismes non gouvernementaux membres assistant à la conférence ont eu l'occasion d'exprimer leur position sur les problèmes des personnes âgées. La position canadienne, exprimée le deuxième jour de la conférence par le sénateur Riel, a été accueillie favorablement par les autres délégations.

Au cours de la séance principale ayant pour tâche d'établir le plan d'action international sur le vieillissement, la position canadienne, présentée avec succès par les membres de la délégation canadienne, a influencé la teneur du document final. Cette influence s'est faite sentir en particulier dans les parties du document ayant des lacunes car, selon le Canada, elles n'accordaient pas assez d'attention aux besoins spéciaux des femmes âgées, à l'amélioration des caisses de retraite et à la consolidation du secteur bénévole.

La délégation canadienne réalise que les différences d'opinion et d'intérêt des nations et des organismes non gouvernementaux participants exigent un plan d'action international assez général, avec des recommandations qui ne s'appliquent pas forcément toutes à la situation canadienne. Mais les membres sont tous convaincus que ce plan offre une base solide sur laquelle il sera possible d'élaborer au Canada d'autres plans d'action plus spécifiques afin de répondre aux besoins des personnes âgées et d'assurer leur entière participation à ce processus.

La délégation canadienne a fait bon accueil à la proposition de l'honorable Monique Bégin, ministre fédéral de la Santé et du Bien-être social, de tenir une conférence canadienne sur le vieillissement en 1983, conférence à laquelle un rapport du plan d'action international sur le vieillissement sera discuté et formera la base de stratégies aux niveaux national, provinciaux et locaux.

Commentaires du Conseil sur le rapport intitulé: "De meilleures pensions pour les Canadiens"

Il s'agit d'un livre vert publié par les ministères fédéraux de la Santé nationale et du Bien-être social et des Finances proposant à la discussion certains articles visant à des réformes dans le domaine des retraites. Il traite des plans gouvernementaux ainsi que des caisses de retraite privées ou financées par les entreprises.

Voici les trois principes fondamentaux de ces propositions:

1. Garantir aux Canadiens âgés un revenu minimum raisonnable;
2. Offrir aux Canadiens des possibilités et des modalités équitables pour préparer leur retraite;
3. Donner aux Canadiens une chance raisonnable d'éviter un bouleversement grave de leur niveau de vie à la retraite.

Mes collègues du Conseil puisent dans leur formation et leur expérience professionnelle l'expertise qu'ils apportent à leur domaine particulier d'intérêt. J'ai eu la chance de pouvoir compter sur des membres ayant servi pendant plusieurs années et pouvant ainsi assurer la continuité du Conseil; les nouveaux membres sont venus enrichir ce groupe. Je tiens à exprimer au nom du Conseil tous mes remerciements à ceux qui nous ont si bien accueillis au cours de nos visites régionales, ainsi qu'aux groupes et aux particuliers qui ont fait de si bons exposés au Conseil, et à ceux qui ont répondu aux articles publiés dans "Especially for Seniors". Les visites régionales et les opinions des lecteurs nous apportent une contribution précieuse et nous les

incorporons à nos recommandations pour tous les niveaux du gouvernement.
 Personnellement, je tiens à dire aux membres et au personnel du Conseil que j'apprécie hautement leur dévouement et leurs efforts.

Frances McHale

Frances McHale
 Le président

Depuis ma nomination au poste de présidente en 1982, c'est la première fois que j'ai l'honneur de présenter un compte rendu au nom du Conseil consultatif de l'Ontario sur l'âge d'or. Nous venons de terminer une année pleine d'intérêt et de stimulation. Depuis sa création, le Conseil a été guidé par deux présidents dynamiques et imaginatifs—Hope Holmsted et Douglas Rapelje. Ils en ont posé les fondements et laissé une vaste somme de recommandations et d'études. C'est à moi que revient maintenant la responsabilité de bâtir sur ces fondations.

L'objectif global du Conseil est de créer pour les personnes âgées la possibilité de vivre une vie autonome et indépendante. Pour ce faire, une combinaison d'efforts est nécessaire—la société doit changer sa façon de considérer les personnes âgées et la vieillissement et doit fournir les services dont les citoyens du troisième âge ont besoin pour vivre indépendamment. Le Conseil consultatif oeuvre simultanément dans les deux domaines.

Les attitudes ont bien changé depuis dix ans—même les médias consacrent plus de temps et d'espace aux riches et moins à la poudre pour bébés. La société réalise de plus en plus la valeur de la contribution des personnes âgées, aussi bien comme fournisseurs de services que comme consommateurs ayant une influence considérable sur le marché. La planification de l'avenir doit prendre leurs demandes, et leurs besoins perçus, en considération et tirer meilleur parti de leurs aptitudes. Si les personnes âgées sont maintenant mieux acceptées, il leur est aussi demandé de plus en plus de travailler bénévolement et d'aider la société dans son ensemble. Ce travail est souhaitable, mais il ne doit pas empêcher les personnes âgées de jouir de leurs loisirs, ni entraîner de malveillance à l'égard de ceux qui ne désirent pas participer à des services bénévoles organisés. Ces personnes ont acquis le droit de demeurer inactives, ainsi que celui d'être actives, de façon bénévole ou rémunérée.

Aujourd'hui nous ne considérons plus les personnes ayant atteint l'âge de soixante-cinq ans comme faisant partie d'un groupe homogène de personnes âgées. Ce groupe peut varier d'une trentaine d'années, avec de nombreux styles de vie différents. Je voudrais recommander aux planificateurs d'aujourd'hui, comme à ceux de l'avenir, de garder ce fait à la mémoire. La Conférence mondiale sur l'âge d'or tenue à Vienne en juillet 1982 a considérablement enrichi mes connaissances sur l'âge d'or dans les pays développés et en voie de développement; j'y ai aussi compris la nécessité de distinguer entre deux groupes de personnes âgées, entre les "jeunes vieux" et les "vieux vieux". Le processus de vieillissement varie beaucoup d'un particulier à l'autre; il semble donc préférable de se baser plus sur la santé et sur la capacité de fonctionner que sur l'âge. Les expressions comme "verte vieillesse" et "âge de la dépendance" ont été proposées. La "verte vieillesse" serait la période de vitalité et même de croissance. Quand une personne

a besoin de beaucoup d'aide dans ses activités quotidiennes, elle entre dans "l'âge de la dépendance". C'est alors que la société est obligée de lui fournir des services pour qu'elle puisse continuer à mener sa vie dans la dignité.

L'en arrive maintenant à la deuxième partie de notre objectif d'encouragement à l'indépendance: la disponibilité de services de soutien pour les personnes qui en ont besoin. Le Conseil consultatif a toujours été en faveur de services à domicile permettant aux personnes âgées de vivre de façon indépendante et d'éviter d'être placées dans des établissements. Le gouvernement ontarien a augmenté le nombre des programmes de soutien à domicile; mais il en faut encore beaucoup plus dans toute la province. Si, certes, je reconnais le besoin d'établir des normes élevées pour les soins à domicile, je me demande si nous ne risquons pas d'errer et de négliger le côté humain des services en appuyant trop sur le côté technique. La qualité des services dépend en général du personnel qui les fournit. Les progrès technologiques poussent notre société à dénigrer les personnes qui donnent des soins. Il devient de plus en plus difficile de trouver des hommes et des femmes prêts à servir. Nous devrions peut-être prendre en exemple les pays qui tiennent encore à l'honneur ceux qui dispensent des soins. Il en est de même des familles qui constituent le plus important groupe de donneurs de soins de notre société. Il me semble qu'il faudrait reconnaître ce fait, et chercher en plus à obtenir de l'aide financière pour aider les familles à s'occuper des personnes âgées.

Un autre problème à résoudre pour l'avenir est celui de la protection juridique des personnes âgées incapables, temporairement ou en permanence, de prendre les décisions affectant la vie de tous les jours. Le Conseil consultatif a rédigé certaines recommandations relatives à une loi sur la tutelle et continuera ses études en vue de leur mise en vigueur éventuelle.

Quant à moi, j'ai passé une année très occupée. Les projets dont j'ai hérité ont été réalisés en partie par le gouvernement, comme vous pouvez le constater à la rubrique "Un programme pour les années 1980" de ce rapport. Dans un certain sens, le rôle du Conseil n'est plus tout à fait celui d'un organisme se bornant à faire des recommandations; il a aussi pour tâche de surveiller les lois existantes ou proposées.

L'année n'a pas seulement été très affairée; elle a aussi été remplie de satisfaction pour lesquelles je suis redevable à plusieurs personnes.

Je tiens à remercier l'honorable Margaret Birch, secrétaire provinciale aux Affaires sociales, pour son dévouement, sa compréhension et son appui, et, en particulier, pour avoir souligné l'importance de la vie en famille et du rôle qu'y jouent les personnes âgées. L'exprime aussi mes remerciements aux autres fonctionnaires du gouvernement qui ont accordé appui, coopération et encouragement aux efforts du Conseil.

Le mandat du Conseil

Le Conseil consultatif de l'Ontario sur l'âge d'or a été créé le 24 avril 1975 par un arrêté ministériel sanctionné par Son Honneur le Lieutenant-gouverneur de l'Ontario. Il se compose d'un président, de deux vice-présidents et de 15 membres venant des différentes régions de la province et représentant divers milieux et occupations. La plupart sont des personnes âgées et tous sont actifs dans leur communauté respective.

Le Conseil a pour mandat:

par l'entremise du Secrétaire de la province aux Affaires sociales, de conseiller le gouvernement de l'Ontario sur ce qui touche aux personnes âgées ou vieillissantes et, sans restreindre le sens général de ce qui précède,

a) de promouvoir et de susciter les occasions de rendre plus autonomes les personnes âgées pour leur procurer la satisfaction et les avantages auxquels elles ont droit en tant que membres de la société.

b) d'examiner les politiques courantes qui ont une incidence sur le vieillissement et sur l'économie, et touchant l'emploi, la préparation à la retraite, le maintien du revenu et d'un bon état de santé, les services et installations gouvernementaux et autres, particulièrement en ce qui concerne l'éducation ainsi que les programmes de logement, de soins prolongés et autres services semblables.

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Membres du Conseil 1982-1983

MCHale, Frances, présidente	London
Johnston, Florence, vice-présidente	Thunder Bay
Upshall, Allan, vice-président	Willowdale
Barr, Mary Evelyn	Chatham
Beange, Edna	Toronto
Earhart, Leslie	Scarborough
Goodin, Richard*	Oakville
Hum, Sing	Toronto
Lantaigne, Cécile	Kapuskasing
MacDonell, Robert	Kenora
MacOdrum, Frances	Brockville
Mennill, Joe L.	Aylmer
Merry, George	Kingston
Moriarty, May	Port McNicoll
Munro, John McCulloch	North York
Powell, Harry	Dundas
Sloan, Christine	Ottawa
Withrow, John	Toronto
* Décédé	

Siège du Conseil:

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2^e étage
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Personnel:

Elizabeth Szalowski, administratrice en chef
Chris Stewart, adjoint à l'administration



Allan Upshall
Vice-président



Frances McHale
Président



Florence Johnston
Vice-présidente

Madam,
Nous avons l'honneur et le plaisir de vous remettre
le neuvième rapport annuel du Conseil consultatif
de l'Ontario sur l'âge d'or pour l'année finissant le
31 mars 1983.

Photo: Ashley & Crippen, Toronto



Margaret Birch
Secrétaire de la province aux
Affaires sociales

Margaret Birch



Conseil consultatif de
l'Ontario sur l'âge d'or

Rapport annuel
1982/83

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Ontario
Advisory Council
on Senior Citizens

10th

Annual Report
1983/84



Honourable Gordon Dean
Provincial Secretary for Social Development

Dear Mr. Dean:

It is with great pleasure that we present to you the
tenth Annual Report of the Ontario Advisory
Council on Senior Citizens for the year ending
March 31, 1984.

Sincerely,



Allan Upshall
Vice-chairman



Frances McHale
Chairman



Florence Johnston
Vice-chairman

Council Members 1983/84

McHale, Frances, Chairman

London

Johnston, Florence, Vice-Chairman

Thunder Bay

Upshall, Allan, Vice-Chairman

Willowdale

Barr, Mary Evelyn

Chatham

Earhart, Leslie

Scarborough

Kemp, Robert

Scarborough

Lanteigne, Cecile

Kapuskasing

MacDonnell, Robert

Kenora

MacOdrum, Frances

Brockville

Mennill, Joe L.

Aylmer

Merry, George

Kingston

Moriarty, May

Port McNicoll

Munro, John McCulloch

North York

Powell, Harry

Dundas

Sloan, Christine

Ottawa

Smith, W. Reginald

Toronto

St. Lawrence, Ivy

Toronto

Withrow, John

Toronto

Council's Office

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Staff:

Elizabeth Szalowski, Senior Executive Officer

Chris Stewart, Administrative Assistant

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Council's Mandate

The Ontario Advisory Council on Senior Citizens was established on April 24, 1974 by an Order-in-Council approved by Her Honour the Lieutenant Governor of Ontario. The Council consists of a Chairman, two Vice-Chairmen and fifteen members selected from across the province. Members are from a diversity of backgrounds and occupations, most of them seniors. All members are active in their communities.

The mandate of the Council is:

To advise the Government of Ontario through the Provincial Secretary for Social Development on matters pertaining to the well-being of the aged and aging persons, and without limiting the generality of the foregoing;

- a) to further promote the development and creation of opportunities for self-help for the aged, to their satisfaction and advantage as members of society as a whole;
- b) to review current policies which have a bearing on aging and the economy, involving employment, preparation for retirement, income maintenance and health measures, services and facilities of government and otherwise, including education, programs on housing, long term care, and other related services.

Chairman's Remarks

I am privileged to present this Annual Report marking the first decade of the work of the Ontario Advisory Council on Senior Citizens.

In 1974, the Government of Ontario established the Advisory Council and gave it a broad mandate encompassing every aspect of seniors' lives. This new development demonstrated the concern in all matters related to the well-being of the aged, and aging persons and confirmed the belief in the ability and capacity of older people to remain contributing members of Ontario's population.

The Council is not a militant force, but rather an Advisory body, which makes well documented proposals for the improvement of the quality of life of the elderly, based on close contact and liaison with individual seniors and organizations.

In 1974, Council was deeply concerned about the prevailing attitudes of society, both old and young, that retirement was looked upon as a time when people had no further responsibility to the society in which they lived, had no further value as people and were automatically entitled to certain rights and privileges. Council's position has been that with our rights as citizens there are also responsibilities and that older people should accept these responsibilities and use their knowledge, experience and wisdom for the betterment of our society as a whole.

In 1975 it became evident to the Advisory Council that there was a need to improve information accessibility and create a communications link with urban and rural seniors across this vast province. While information in a variety of formats was available, the avenues of access to it were often complex. The Government of Ontario responded to the Council's recommendation that "Especially for Seniors" – a quarterly newsletter for all Ontario residents 65 years of age and over be established; with its contents entirely under the control of the Advisory Council and the printing and distribution provided by public funds.

The Council learned during its meetings and regional visits across the province that the needs and expectations of senior citizens in rural and small urban areas were potentially quite different from those in large urban centres. As very little documentation was available on the rural seniors, the Council invited the Rural Development Project of the University of Guelph to prepare a report on "Towards an Understanding of the Rural Elderly". Another study commissioned by the Advisory Council from the University of Western Ontario was on "Dental Care Needs of Ontario's Seniors".

A great deal of study of pertinent concerns is done by the Advisory Council's committees and task groups resulting in "in-house" preparation of various discussion papers such as "Dying: Towards a Better Understanding", "A Guide to Community Support Services", "Hearing Impairment and the

Elderly", "Medications and the Older Adult" and "A Model of Delivery of Services to Northern and Remote Communities". In addition, "Seniors Tell All" and "Through the Eyes of Others" – compilations of seniors' views and attitudes towards life were published by Council to encourage inter-generational understanding and interaction.

There has been a marked improvement in the attitude of society towards the elderly in Ontario in the past ten years. Many factors have contributed to the change. Preparation for retirement courses have assisted many people in making a satisfactory adjustment to a changing life-style. Intergenerational programs at senior centres and in the school system are encouraging links, both formal and informal, between the generations. Life-long learning and other opportunities at community colleges and universities for senior citizens to become part of the student body have further promoted dialogue and opportunities for sharing and have removed many of the artificial barriers.

A most dramatic shift has been in the senior citizen as a volunteer. Not only are seniors serving through a number of voluntary agencies, they are involved in almost every facet of volunteerism. Many have become an increasing part of this volunteer resource as they use hours previously occupied by work, for community improvement. At long last people are beginning to be judged by abilities and contributions, not by the age group to which they belong.

We are living in a rapidly changing world and an exciting time as it relates to the present and future needs of the older people in Ontario. However, as we look at our responsibility, the work of Council is becoming more complex and many new issues are emerging that we must address.

As an Advisory Council we have the responsibility to speak out on the issues and influence the government. At the same time we have to inform the public of our major concerns, and our recommendations regarding various issues. We must be sensitive to the delicate balance between government and personal responsibilities, between interference and free choice, and between protection and self-reliance. We must become more involved in questioning the quality of living rather than the length of the life span.

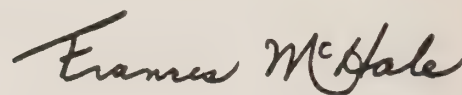
During the fiscal year 1983-84 the Advisory Council has experienced a number of organizational changes. It was a year of preparation for the Sunset Review on March 31, 1984, in accordance with the established Ontario Government procedure whereby various boards, commissions and councils are periodically assessed. This meant a great deal of very time-consuming evaluation of Council's work, and examination and projection of future needs of the elderly in this province. While such a process is never an easy

one, it included some benefits in that the Council had to evaluate its past achievements and determine future priorities.

I wish to thank Mrs. Margaret Birch, former Provincial Secretary for Social Development, for her interest and involvement with the Advisory Council since its establishment until June 1983 when she was appointed Parliamentary Assistant to the Premier. The Council welcomes the Honourable Gordon Dean, the present Provincial Secretary for Social Development.

My personal thanks to Council members and staff for their dedication and support throughout the year.

The Advisory Council looks forward to meeting the challenges of years to come – and most of all to being of service to the elderly of Ontario.

A handwritten signature in black ink, reading "Frances McHale". The signature is written in a cursive style with a large, stylized "M" and "H".

Frances McHale,
Chairman

Second Canadian Conference on Aging

In October 1983 the Honourable Monique Begin, Minister of National Health and Welfare convened the Second Canadian Conference on Aging in Ottawa. The conference was a follow-up of the Vienna World Assembly on Aging, organized by the United Nations, and held in August 1982.

Three hundred invited guests, over half of them seniors, attended the Second Canadian Conference. The Advisory Council's Chairman, Mrs. Frances McHale and two members, Mrs. Ivy St. Lawrence and Mme. Cecile Lanteigne, were among the participants. Mrs. Frances McHale was a key-note speaker at the Conference, and was also discussion leader for the 'Optional Living Arrangements for the Aged' workshop. Mrs. Ivy St. Lawrence was discussion leader for the 'Involvement of Older Persons in Society's Policy and Decision-Making Processes' Workshop. Miss Hope Holmsted, the first Chairman of the Advisory Council, and the Chairman of the First Canadian Conference on Aging held in 1966 acted as honorary Vice-Chairman of the Conference.

The Conference addressed nine major issues:

1. The Promotion and Protection of Health and the Prevention and/or Control of Disease.
2. The Improvement and Maintenance of Health and Social Measures to Assist Aged Persons and/or Families caring for them.
3. The Development of Protective Measures Against Crime and Abuse of the Aged.
4. The Development of a Range of Optional Living Arrangements for the Aged.
5. The Improvement of Transportation Arrangements in Respect to the Aged.
7. The Promotion of Life-Long Preparation for Successful Aging.
8. The Promotion of Research, Education and Training Endeavours in Respect to Aging.
9. The Involvement of Older Persons in Society's Policy and Decision-Making Processes.

The impressions of Advisory Council's delegates indicate that the national Conference was a successful event which will hopefully lead to better understanding and action at the provincial, municipal and community levels.

The participants stressed that spending large amounts of money was not necessarily an answer to all the problems of the elderly. It was felt that it was rather a question of more careful planning and provision of needed services utilized by more knowledgeable and responsible seniors.

The position that seniors must be consulted not only in matters affecting them but also the total community was reaffirmed. Elderly citizens must individually and collectively take initiative and assume responsibility for their lives. With the

increase of life expectancy, seniors have gained more years to be useful members of society.

Realistic and comprehensive policies to meet the needs of an aging society have to be developed in keeping with resources available.

The overall goal, underlying planning for the future, was the goal of dignified independent old age as the right and privilege of every Canadian.

The Conference concluded with Mme. Monique Begin announcing that a Conference on Aging will be held every five years to insure the understanding of importance of seniors' contributions to the Canadian society.

Medications and the Older Adult

In 1982 the Advisory Council prepared and issued a discussion paper regarding medications and the older adult. Subsequently the Council distributed copies to selected professionals and community groups for their comment. At the same time a list of pertinent questions individual seniors can ask their physician and/or pharmacist, as well as asking themselves was published in "Especially for Seniors", Summer 1983, in both English and French.

The "clip-for-reference" article read as follows:

Do you know your medication?

At certain times all of us have had to take medication for our ailments, and some people have to be on continuous and different drugs. Do you know your medications – the ones prescribed by the physician and the ones you purchase over the counter?

The Advisory Council on Senior Citizens' aim is to promote wellness and self-help by the elderly.

To help you take stock and think of the best ways to take care of your health and well-being, we prepared some questions you might wish to ask concerning your medication.

Ask your physician or pharmacist:

- *What is the name of the medication and the purpose for which it is being prescribed?*
- *What will be the outcome if no medication is used?*
- *How will I be affected by this medicine when or if it reacts with the other medications I'm taking?*
- *Is it the smallest dosage possible?*
- *Is it being prescribed for the shortest possible time?*
- *Are there any medications I'm now taking that can be eliminated or reduced?*
- *Is it a medication that can be taken once a day rather than 2, 3 or 4 times?*

- What are the exact instructions for taking this medication?
- Does the potential benefit of taking this medicine outweigh any side effects it may cause?
- When do I know that the medication is working?
- Are there any beverages or foods that should not be taken with this medication?

Ask yourself:

- Have I informed my doctor of all the medications I am taking?
- Can I read the directions on the label?
- Can I open (and close) the container?
- Do I take my medication only as the doctor ordered it?
- Do I take only my own medication? (and not my friend's or relatives')
- Do I check with my doctor before I use any "over the counter drugs"?

The discussion paper, and the questions contained in it, elicited a good response from both the professionals and the community. The replies were compiled by the Advisory Council for future reference. In its role as an advisor to the Government, the Council is precluded by its mandate from carrying out on-going programs, hence at a general meeting held on March 14, 1984, after a considerable deliberation the following two recommendations were unanimously adopted for submission to the Honourable Gordon Dean:

1. *"Whereas the Advisory Council on Senior Citizens has completed the work on its position paper Medications and the Older Adult, therefore The Position Paper and the Compilation of Replies from the Community and Professionals be sent to the Provincial Secretary for Social Development, recommending that the area of Medications be further pursued by the Ministry of Health and the Ministry of Community and Social Services, with a view of a) utilizing the Council's paper as originally prepared; b) re-writing it to include the professional and community comments; and c) using parts or as background information for programs involving both the dispensers and users of medications."*

The Council expressed interest in working or being consulted by the Ministries who will undertake the further utilization of the position paper. The programs mentioned in the above recommendation can encompass a great variety of areas: existing services such as chronic and acute home care, as well as homemakers services could further examine the question of medications; new initiatives in the format of regional workshops could take the concern to the community level.

2. *"The Ontario Advisory Council on Senior Citizens recommends through the Provincial Secretary for Social Development to the Ministry of Health that the Questions contained in the Council's position paper "Medications and the Older Adult", or a similar set of Questions, be provided to seniors upon the issuance of the privilege card entitling them to Free Drug Benefit Program*

in order to educate seniors in the area of medications and encourage wellness."

The Council enclosed a suggested text for the proposed enclosure, which could be altered to include or clarify any further questions.

At the present time, every month, some six thousand Ontarians become 65 years of age and apply for senior citizens' privileges.

The proposed card could be mailed out at no additional cost upon the issuance of the health benefits card.

The Advisory Council wishes to re-emphasize its aim to promote wellness and the need for individuals to take more responsibility for their own health. With the increasing numbers of the elderly and decreasing numbers of support-givers it will be up to the seniors to become more self-sufficient in the years to come.

Transportation Committee

In late 1982 the Advisory Council was consulted by the Bus Transportation Committee of the Ministry of Transportation and Communications on information concerning transportation needs and existing transportation services for seniors in Ontario. At that time, Council accepted an invitation by the Honourable James Snow, Minister of Transportation and Communications to sit on this Committee. In early 1983, Council was asked by the Ministries of Municipal Affairs and Housing, and Health for similar information. In May, 1983, the Advisory Council established a Task Force on Transportation to prepare an overview on the topic as it currently relates to senior citizens in Ontario.

Under the Chairmanship of Mr. John McCulloch Munro, the Task Force set its objectives to:

1. review the findings related to transportation as outlined in the Regional Visits of the Ontario Advisory Council on Senior Citizens.
2. identify and familiarize itself with the recent literature resources on this subject.
3. identify the best type of transportation services for senior citizens in Ontario.
4. assist communications and consensus building amongst groups interested or involved with feasible transportation services for seniors, especially rural residents.
5. promote the development of these transportation services for the benefit of the elderly in Ontario.

1. Review of Council's Regional Visits

During the most recent regional forums held in Kapuskasing, London, Chatham, Sault Ste. Marie, Sudbury, Brockville, Metropolitan Toronto and Elgin County, transportation problems emerged in

the general discussions. However, as there was little technical data presented, no definite conclusions of the needs could be established by Council.

2. Review of recent literature resources

Localized studies from both rural and urban Ontario, province-related studies, studies from other provinces, and précis of several innovative, comprehensive American studies were reviewed by Task Force members.

3. Best types of transportation services

Where possible and cost effective, with a reasonable density of passengers, regularly scheduled line runs by professional carriers are highly desirable. Where this is not possible, and there are reasonable numbers of mobility disadvantaged seniors, handicapped and youth in a given area, then a transportation service as set out in a proposal made by Dr. Peter Grant in his article "Creating a feasible transportation system for rural areas: Reflections of a Symposium", (Canadian Journal on Aging, Volume II, No. 1, 1983), may be the answer. Task Force members felt that this article summarized the key factors.

The important factors commonly accepted by the Transportation Task Force for a rural transportation system to be viable are that it be:

Locally run by volunteers, servicing everyone in the community with a flexible service that meets the needs of the transportation disadvantaged and is "self-supporting, after the initial capital outlay and other start-up expenses". (Canadian Journal on Aging, Vol. II, No. 1, 1983, p.33)

Other solutions that worked in various areas included: a) informal transportation provided by families and friends; b) the rural transportation assistance program which operates in Saskatchewan where a series of small rural communities incorporate as a local transportation authority, in order to provide regular transportation to the provincial bus line; c) the provincial/municipal joint sponsorship of transportation services in remote areas in Manitoba; d) mobility clubs, where people with cars phone a central dispatch when making a trip; those needing rides also call the dispatcher who then matches the parties; e) mobile facilities, such as: hearing, dental or other vans, which can bring services to the rural elderly may also be an option in certain rural areas in Ontario.

4. Consensus building

The Transportation Task Force held an information-sharing seminar in October 1983 with representatives from the Ministries of Municipal Affairs and Housing, Transportation and Communications and the Secretariat for Social Development, as well as Dr. Robert Wolfe of the University of Toronto/York University Joint Program in Transportation.

In January 1984, Mr. Munro made a presentation

to the Ministry of Transportation and Communications Bus Committee. The membership of this Committee consists of representatives from the Ministries of Transportation and Communications, Education, Municipal Affairs and Housing, and Northern Affairs, the Ontario Motor Coach Association, Transport Canada, the Ontario Northland Transportation Commission, the Consumers Association of Canada and the Advisory Council on Senior Citizens.

The presentation outlined the work of the Ontario Advisory Council on Senior Citizens' Transportation Task Force pertaining to transportation problems of mobility disadvantaged seniors, especially in rural Ontario. Currently 20% of the rural population are seniors, which is the percentage of seniors expected in both urban and rural communities by the year 2021.

The presentation concluded with a statement that transportation was one of the three major concerns facing senior citizens and that further study and discussions were required to develop a consensus on methods to meet this need.

The studies obtained during the course of information gathering conducted by the Transportation Task Force were shared with the Bus Committee and the Transportation Committee of the Ontario Advisory Council on the Physically Handicapped.

It is Council's intention to advise the Honourable Gordon Dean, Provincial Secretary for Social Development on this matter, and to remain as a resource to researchers attempting to incorporate seniors' opinions in any studies on transportation.

Council Comments on Specific Issues

During the past year the Advisory Council dealt with a number of issues. One of the ongoing concerns, namely Increase of Pensions for Single Elderly, has been satisfactorily examined by government. Another, such as Chiropody, requires further monitoring, assessment and expansion to meet the needs of the elderly. The question of proposed legislation on Guardianship is still very much in the fore-front of concerns.

The Advisory Council wishes to acknowledge the interest and support given to the issues by public and private agencies and individuals. It demonstrates the importance of many working together for the benefit of seniors in this province.

Pensions for Single Elderly

Since 1977 the Ontario Advisory Council on Senior Citizens has been advising the Government

of Ontario that the basic income for seniors who are single and living alone is inadequate in comparison to that provided for a senior married couple.

This concern has been supported by many organizations and groups. It was contained in the recommendations of the "Report of the Royal Commission on the Status of Pensions in Ontario", one of which states that the basic payment levels of the federal Guaranteed Income Supplement and the provincial Guaranteed Annual Income Supplement be adjusted so that single persons receive at least 60 per cent of the amount payable to a married couple.

On March 16, 1984 the Government of Ontario announced changes under GAINS raising the maximum monthly payment for the single elderly. This increase, combined with the federal government's Old Age Security (OAS) payment and its Guaranteed Income Supplement (GIS) will guarantee that low-income, single people aged 65 and over will receive a minimum monthly income of about 60 per cent of the married couple's guarantee.

The Advisory Council is pleased with this progressive step in supporting single and widowed pensioners with no private income, of whom almost 80 per cent are women, and the majority of these over 70 years of age.

Pension Reform

In 1982/83 the Advisory Council studied and prepared comments regarding "Better Pensions for Canadians", a Federal Green Paper produced by the Department of National Health and Welfare and the Department of Finance.

During 1983 a Federal Parliamentary Task Force on Pension Reform held hearings across Canada eliciting views and recommendations pertaining to the Report.

Mr. Allan Upshall, Council Vice-Chairman and Mr. John Withrow, Council member appeared before the Parliamentary Task Force on October 12, 1983. In their presentation they highlighted Council's response and recommendations. Copies of Council's comments re "Better Pensions for Canadians" are available from the Council's office.

"Health Care in the 80's and Beyond"

In April 1983, the Advisory Council's Chairman, Mrs. Frances McHale, was privileged to participate in the Ministry of Health conference entitled "Health Care in the 80's and Beyond" at which health care providers, consumers and government representatives met to discuss the future of health care in Ontario.

The Ministry of Health along with its advisory bodies, the Ontario Council of Health and the District Health Councils, organized the conference and outlined areas for consultation. However, the final recommendations and suggestions arrived at were those of the conference participants, who attempted to balance the sometimes conflicting

views and expectations on the health care system.

In January 1984 a report "Health Care in the 80's and Beyond - Seeking Consensus" was released for further comments.

Mrs. McHale indicated that the Council strongly supports the consensus building approach taken by the Ministry of Health. The concepts in which the Advisory Council could best assist are: Public education and health promotion and the encouragement of pilot projects and programs. The Council welcomes the opportunity of working closely with the Ministry of Health in developing and evaluating the health care delivery service as it pertains to senior citizens in Ontario.

Chiropody

Since its inception the Ontario Advisory Council on Senior Citizens has been concerned with foot care for seniors and the chronic shortage of podiatrists in this province.

In September, 1983 Dr. Grainger Reid, Senior Medical Consultant with the Ministry of Health and Mr. Charles Freebairn, Clinical Coordinator of Chiropody, Toronto General Hospital made a status report to Council on the Chiropody program offered through George Brown College.

The first class of Chiropody students began studies in September 1981. The course was modelled after courses offered in the United Kingdom, and several of the teachers were recruited from the U.K. It is a two-year, intensive course, and the first of its kind in North America.

In June 1983 the first 18 graduates were placed in institutions and health centres where there are large elderly populations, in order to assess their skills and to check the quality of the course. Their performance is being checked by supervisors at Toronto General Hospital, where 16,000 patients use the clinic there yearly. These measures are being taken to help standardize the course so that it can be offered through Community Colleges across the province. After this period of assessed service, there will be a deployment of the recent graduates to regional centres where they will be employed in long term care facilities for the benefit of residents and possible community outreach programs.

Chiropodists are now a part of the health care team, and are trained to reduce pain and to recognize and circumvent higher level health complications that could develop in the feet. Counselling on skin care and the proper choice of footwear is also provided.

The Council is pleased with this new concept of Canadian trained chiropodists and wishes to urge that consideration be given to enlarge the numbers of enrolment and courses across Ontario.

Proposed Guardianship Legislation

In March 1981 the Advisory Council recommended through the Provincial Secretary for Social Development that:

"The Ontario Government introduce a Guardianship Act, which would provide for a court supervised procedure for the protection of 'Adults in need of protection' by means of a partial or complete Guardianship which is both temporary and flexible."

The Toronto Mayors' Committee on Aging adopted the above recommendation and expanded it in its report "Guardianship: the Solution to a Host of Problems", which was formally approved by the Toronto City Council at its meeting on April 18 and 22, 1983.

On October 2, 1983 a Public Forum on Guardianship sponsored by the Mayor's Committee on Aging was held at the St. Lawrence Centre. There was considerable public interest and a great deal of media coverage. As a result a consortium of organizations was formed to further pursue the important proposal of Guardianship legislation.

Regional Visit to Elgin County

A Regional Visit to Elgin County was undertaken by the Ontario Advisory Council on Senior Citizens on November 2 and 3, 1983. Council's purpose in holding such meetings is to learn about services for seniors, achievements, problems and concerns of service providers, and to encourage public participation. This was the first visit to encompass a County, rather than individual towns and cities.

Council was represented by Mrs. Frances McHale, Chairman, and Council members Mrs. May Moriarty from Port McNicoll, and Mr. Reg Smith from Toronto. Mr. Joe Mennill, Council member from Aylmer, was the Forum Chairman.

On November 2nd, a Public Forum was held at Terrace Lodge, Home for the Aged, Aylmer and on November 3rd, various facilities in Elgin County were toured.

The Public Forum was attended by over 80 people, and included presentations made by groups and organizations serving both the urban and rural communities in Elgin County. Among the topics addressed were home support, housing and health services, programs of homes for the aged, and transportation.

Presentations were made by the Elgin/St. Thomas Health Unit; The Elgin/St. Thomas Home Care Program; Home Support Services offered by the Homes for the Aged in Elgin County; The Elgin/St. Thomas Housing Authority; The Thames Valley District Health Council; and the long-term care facilities in Elgin.

The Forum provided an overview of the provision of a wide range of services recognizing both the achievements and the inadequacies.

Council members toured Terrace Lodge Home for the Aged, in Aylmer, The Elgin/St. Thomas Authority solar-heated facility in Aylmer; The

Extendicare nursing home in Port Stanley; Eastwood Baptist Apartments in St. Thomas; Valleyview Home for the Aged and its Alma College satellite facility in St. Thomas.

When at the Extendicare nursing home in Port Stanley, Council members were told that activity leaders visit approved prospective residents prior to admission, in order to determine the individual's areas of interest which he or she can pursue upon entering the nursing home. Council members felt that this was a good method to enhance residents' quality of life.

The Eastwood Baptist Apartments are not only in a very good location with easy access to shopping and transportation, but also have many innovative features in their architectural design. The low rise building is conducive to walking both inside and outside and even doing some small-scale gardening.

The Alma College satellite facility intrigued Council members. They were impressed by the inter-generational opportunities in this seniors' residence within a girls' school; but wondered at the low occupancy rate in the seniors' section. This could be attributed to the lack of an elevator to the second floor of this section.

A specific concern expressed to the Council by several people was the placement of large numbers of ex-psychiatric patients into very small communities, thus creating a perceived imbalance of the social structure. This was the first time that the Council was made aware of problems that might arise upon closing of a large mental institution in any rural area of Ontario.

It was noted by Council members and reported by the local press that, although "Health Care services in Elgin County are in 'pretty good shape'," transportation, isolation and loneliness emerge as major problems facing seniors. The transportation problem seems to be complex for those who have difficulty in getting around. Isolation and loneliness are alleviated by a unique telephone assistance and assurance service provided by the Terrace Lodge Home for the Aged and Elgin Manor to seniors in Elgin County. Calls for assistance are accepted on a 24 hour basis. Daily assurance calls are made to registered seniors living in the community as a friendly visit.

A report summarizing the two-day visit was prepared by Council and distributed to participants and appropriate government ministries and agencies. Copies of the report are available from the Advisory Council's office.

Especially for Seniors

The Advisory Council's quarterly newsletter, established in 1975, is distributed free of charge to all the Ontarians in receipt of the Old Age Security pension. The initial circulation has increased from 670,000 to 813,000, representing a constantly growing proportion of seniors in the total population of this province.

The basic objectives of "Especially for Seniors" are to provide information of interest and benefit to all seniors in Ontario and to establish a central location where senior citizens can direct their thoughts, opinions and ideas on a variety of issues of importance to them. When measuring the response from seniors through their letters, these objectives are in fact being accomplished through the newsletter.

The concept of the newsletter came about as a result of the feeling by Council members that a single publication utilizing enlarged print for easier reading and a compact text for clearer understanding would be of great benefit to seniors. When considering the prolific increase in the number of pamphlets, brochures and other forms of information aids in recent years, Council felt the need for some rethinking in view of the confusion resulting from "too much" information. While information is available, the avenues of access to it are often complex.

The original decision regarding format and content have stood the test of time – eight pages of large print; the lead article in French and English; update and review of current government policies and programs; emphasis on the development of opportunities for self-help; highlights of the achievements of senior citizens and groups and a positive attitude on aging and the aged.

As an Advisory body within the Ontario Provincial Secretariat for Social Development, the Council is sometimes viewed as an advocate on behalf of a group or an individual. It is not the mandate of the Advisory Council to subscribe to specific causes or exclusive privileges for senior citizens. The main thrust is an objective effort toward ensuring that the elderly have the opportunity to live with dignity

in a society that appreciates their past, present and potential contributions.

In recent years there is a noticeable change in the correspondence from the Council's readership demonstrating an increased self-reliance and initiative. As a rule, the majority of elders are not too experienced in disputes or confrontations with bureaucracy, however, there appears to be a growing tendency to take an active part in personal matters, local decisions and to learn about key issues affecting all age groups of our population. The Council applauds this involvement in wider areas of interest and the evidence of personal responsibility for one's own affairs and those of the whole community.

There is a steady level of written enquiries, comments on the articles and just sharing of experiences addressed to the newsletter, accompanied by telephone calls, especially at the times of mailing a new issue.

One of the regular columns of Book Reviews had to be changed to that of Book Listings due to lack of space and the unprecedented demand by the senior community. During 1983-84 the Council received nearly a hundred books written by seniors. It is most encouraging and rewarding to discover the many talents and witness the historical value of some of the books for the younger generations. At the same time the Advisory Council is seriously considering the possibility of the Book Listing section being undertaken as a separate and a challenging project by a non-profit community organization.

Recently "Especially for Seniors" has been also enhanced by an occasional separate insert from the Ontario Government Seniors Secretariat. The contents of these inserts concentrate on updates of government programs and special events for the elderly Ontarians.

The Advisory Council values the newsletter for its unique two-way information exchange and its special focus on self-sufficiency by the elderly. Perhaps the best way to describe "Especially for Seniors" is by saying what so many readers are stating – **"this is our paper"**.

Organe consultatif du Secrétariat de la province aux Affaires sociales, le Conseil est parfois considéré comme le défenseur d'une personne ou d'un groupe de personnes. Le mandat qu'il a reçu ne l'autorise cependant pas à défendre de façon exclusive la cause ou les droits des personnes âgées. Sa mission principale est de faire en sorte, de façon objective, que les personnes âgées soient en mesure de vivre dans la dignité, comme membres d'une société qui reconnaît leur contribution passée et apprécie le rôle qu'elles jouent aujourd'hui et continueront de jouer. Ces dernières années, on constate certains changements notables dans les lettres envoyées par nos lecteurs, qui font preuve d'un plus grand esprit d'initiative et de confiance en eux-mêmes. De façon générale, les personnes âgées ne sont guère habituées à la confrontation avec les rouages bureaucratiques, mais il semble qu'elles prennent de plus en plus une part active aux questions qui les touchent personnellement, aux décisions locales et aux sujets importants pour tous les groupes d'âge de la société. Le Conseil ne peut que se réjouir de cette participation accrue, qui témoigne d'un grand sens de la responsabilité à l'égard de ses propres affaires et de celles de l'ensemble de la collectivité.

Les lecteurs continuent de s'intéresser au bulletin en envoyant des lettres pour commenter les articles parus ou partager leurs expériences avec les lecteurs, souvent même en téléphonant, surtout lors de la parution d'un nouveau numéro.

La rubrique "Book Reviews" a dû être modifiée et s'appelle maintenant "Book Listings" en raison du manque de place et du nombre sans précédent de livres que nous envoyons nos lecteurs. En 1983-1984, le Conseil a reçu une certaine d'ouvrages écrits par des personnes âgées. Le Conseil est particulièrement enchanté de découvrir tous ces talents et de reconnaître la valeur historique de certains de ces livres pour les jeunes générations. Il envisage sérieusement la possibilité de confier la section des livres reçus à un organisme communautaire sans but lucratif, qui pourrait en faire une activité distincte des plus intéressantes.

Depuis peu, le bulletin fait également paraître à l'occasion un encart du Secrétariat aux personnes âgées de l'Ontario, sur la mise à jour des programmes publics ou des manifestations d'intérêt pour les personnes âgées.

Le Conseil considère que le bulletin "Especially for Seniors" est un véhicule irremplaçable d'échanges et de promotion de l'autonomie des personnes âgées. On ne saurait peut-être mieux le décrire qu'en empruntant les mots d'un grand nombre de nos lecteurs: "C'est notre bulletin".

comité d'Elgin, qui acceptent 24 heures par jour les demandes d'aide. Des visites amicales sont faites tous les jours par des personnes âgées qui vivent dans la collectivité.

Le Conseil a préparé un rapport sur cette rencontre régionale, qu'il a remis aux participants et aux ministères et organismes concernés. On peut se procurer un exemplaire de ce rapport au bureau du Conseil.

Bulletin "Especially for Seniors"

Le bulletin trimestriel du Conseil, dont la parution remonte à 1975, est envoyé gratuitement à toutes les personnes âgées de l'Ontario qui reçoivent des prestations de sécurité de la vieillesse. Son tirage initial était de 670 000 exemplaires. Il est aujourd'hui de 813 000, en raison de la proportion toujours plus grande des personnes âgées par rapport à la population totale de l'Ontario.

Ce bulletin vise deux objectifs: fournir à toutes les personnes âgées de l'Ontario des renseignements intéressants et utiles, et constituer un moyen d'échanges qui leur permette d'exprimer leurs vues sur tous les sujets qui leur paraissent importants. A en juger par les lettres reçues, le bulletin semble atteindre ces objectifs.

A l'origine, les membres du Conseil étaient d'avis que les personnes âgées apprécieraient particulièrement, dans une publication à leur intention, des textes courts, faciles à comprendre et écrits en gros caractères pour en faciliter la lecture. Devant la prolifération des brochures et dépliant ces dernières années, le Conseil a cru bon de repenser la formule retenue, en raison de la confusion qu'entraîne cette avalanche d'informations. Si l'information est disponible, il n'est pas toujours facile d'y avoir accès.

Les principales décisions initiales touchant la présentation et le contenu du bulletin ont résisté à l'épreuve du temps: format de huit pages, impression en gros caractères; article de fond en français et en anglais; mise à jour et analyse des programmes et politiques du gouvernement; importance accordée à la promotion de l'autonomie; promotion des réalisations individuelles ou collectives et d'une attitude positive à l'égard des personnes âgées et du phénomène du vieillissement.

Le Conseil est très heureux de l'arrivée de ces nouveaux spécialistes formés au Canada et recommande instamment que l'on étudie la possibilité d'accroître le nombre de cours et de spécialistes en podologie dans toute la province.

Une loi sur la tutelle

En mars 1981, le Conseil présentait au secrétaire de la province aux Affaires sociales la recommandation suivante:

"Que le gouvernement de l'Ontario adopte une loi sur la tutelle, instaurant un mécanisme juridique supervisé par les tribunaux en vue de protéger les adultes qui en ont besoin, par le biais d'une tutelle temporaire souple, partielle ou complète."

Le Toronto Mayor's Committee on Aging a adopté cette recommandation et l'a développée davantage dans un rapport intitulé "Guardianship: the Solution to a Host of Problems", qui fut officiellement adopté par le Conseil municipal de Toronto à son assemblée des 18 et 22 avril 1983.

Le 12 octobre 1983, le Toronto Mayor's Committee on Aging organisait un colloque sur la tutelle au St. Lawrence Centre, qui suscita beaucoup d'intérêt dans le public et dans les médias. Par la suite, quelques organismes se sont regroupés en vue de faire connaître l'importance d'un projet de loi sur la tutelle.

Rencontre régionale dans le comté d'Elgin

Le Conseil organisait, les 2 et 3 novembre 1983, une rencontre régionale dans le comté d'Elgin. Le Conseil organise ces rencontres afin de mieux connaître les services offerts aux personnes âgées ainsi que les problèmes, les succès, les besoins et les préoccupations de ceux qui les dispensent, et d'encourager la participation du public. C'était la première fois qu'une rencontre régionale se tenait à l'échelle d'un comté, plutôt que de s'adresser à des municipalités particulières.

Le Conseil était représenté par sa présidente, Madame Frances McHale, et par trois membres du Conseil: Madame May Moriarty, de Port McNicoll, M. Reg Smith, de Toronto, et M. Joe Mennill, d'Aylmer, qui présida le forum.

Le 2 novembre, un forum public a été organisé à Aylmer, au foyer Terrace Lodge pour personnes âgées; le lendemain, les représentants du Conseil visiteront quelques établissements du comté d'Elgin. Le forum public a réuni plus de 80 personnes. Quelques exposés ont été présentés par divers groupes et organismes des milieux ruraux et urbains du comté d'Elgin, notamment sur les services à domicile, les services de logement et de santé, les programmes de foyers pour personnes âgées, et les services de transport.

Voici les organismes qui ont présenté des exposés: le bureau de santé de Elgin/St. Thomas, le programme de soins à domicile de Elgin/St. Thomas, les services de soutien à domicile offerts par les foyers pour personnes âgées du comté d'Elgin, la commission de logement de Elgin/St. Thomas, le conseil régional de santé de Thames Valley, et les établissements de soins de longue durée du comté d'Elgin. Ce forum a permis de passer en revue les divers services offerts aux personnes âgées et de souligner leurs succès et leurs lacunes.

Les membres du Conseil ont visité le foyer Terrace Lodge pour personnes âgées, à Aylmer; un établissement pour personnes âgées, à Aylmer; un établissement de la commission de logement de Elgin/St. Thomas, à Aylmer; la maison de soins prolongés de Port Stanley; les Eastwood Baptist Apartments, à St. Thomas; ainsi que le foyer Valleyview pour personnes âgées et son installation satellite, au collège Alma, à St. Thomas.

Lors de leur visite à la maison de soins prolongés, à Port Stanley, les membres du Conseil ont appris des responsables des activités qu'avant d'admettre une personne dans cette maison, on lui rend d'abord visite pour savoir quelles sont les choses qui l'intéressent et qu'elle aimerait continuer à faire après son admission. Les membres du Conseil ont trouvé que c'était là un excellent moyen d'améliorer la qualité de vie des résidents.

La visite aux Eastwood Baptist Apartments a permis de constater qu'en plus d'offrir un accès facile au centre commercial et aux services de transport, cet immeuble présente certaines innovations intéressantes dans ses lignes architecturales. Comme il est peu élevé, il favorise les déplacements à l'intérieur et à l'extérieur, et même quelques petits travaux de jardinage.

D'abord intrigués par les installations satellites du collège Alma, les membres du Conseil furent séduits par le fait que cette résidence pour personnes âgées offre un intérieur d'une école de filles favorisant les échanges entre les générations. Ils se sont cependant étonnés du faible taux d'occupation de la partie résidentielle, qui pourrait peut-être s'expliquer par le fait qu'il n'y a pas d'ascenseur qui conduit au deuxième étage. Plusieurs personnes se sont inquiétées de ce qu'un nombre important de patients sont placés dans de très petites collectivités à leur sortie d'un établissement de soins psychiatriques, ce qui crée un déséquilibre de la structure sociale. C'était la première fois que l'on informait le Conseil des problèmes que pourrait entraîner la fermeture d'un important établissement psychiatrique dans une région éloignée de l'Ontario.

Selon les membres du Conseil, dont les observations ont été reproduites par la presse locale, si les personnes âgées jouissent dans le comté d'Elgin de services de santé "relativement bons", les principaux problèmes auxquelles elles doivent faire face ont trait au transport, à l'isolement et à la solitude. Le problème du transport semble particulièrement complexe pour les personnes âgées qui ont de la difficulté à se déplacer. Dans le but de réduire l'isolement et la solitude des personnes âgées, un service inédit d'aide téléphonique et de visites de réconfort est assuré aux personnes âgées par le foyer Terrace Lodge et le Elgin Manor du

podologie, devra faire l'objet d'une évaluation plus poussée pour répondre aux besoins des personnes âgées. Quant à la question d'un projet de loi sur la tutelle, elle demeure au premier plan des préoccupations de Conseil.

Le Conseil tient à remercier les organismes privés et publics et toutes les personnes qui se sont intéressées à ces questions. Leur collaboration témoigne de l'importance de travailler ensemble à améliorer la qualité de vie des personnes âgées en Ontario.

Pensions des personnes âgées seules

Depuis 1977, le Conseil n'a cessé de faire savoir au gouvernement de l'Ontario que les personnes âgées seules ont un revenu de base insuffisant par rapport à celui des personnes âgées qui sont mariées.

Un grand nombre de groupes et d'organismes ont fait écho à cette préoccupation. En outre, dans l'une de ses recommandations, le rapport de la Commission royale d'enquête sur les pensions en Ontario recommande d'augmenter les prestations de base du programme fédéral de supplément de revenu garanti et du régime provincial GAINS, de façon que les personnes seules puissent recevoir au moins 60 pour cent des prestations versées aux personnes mariées.

Le 16 mars 1984, le gouvernement de l'Ontario a apporté des modifications au régime GAINS et a augmenté les prestations mensuelles maximales des personnes seules. En raison de ces modifications, conjuguées aux prestations fédérales de sécurité de la vieillesse et de supplément de revenu garanti, les personnes seules à faible revenu de 65 ans et plus pourront toucher un revenu mensuel minimal correspondant à peu près à 60 pour cent de celui des personnes âgées qui sont mariées.

Le Conseil est très heureux de cette mesure progressiste d'aide aux personnes âgées célibataires ou qui ont perdu leur conjoint et n'ont pas d'autre revenu. Près de 80 pour cent d'entre elles sont des femmes, dont la majorité ont plus de 70 ans.

Réforme des pensions

En 1982-1983, le Conseil a élaboré ses commentaires sur le livre vert du gouvernement fédéral intitulé "De meilleures pensions pour les Canadiens" publié par les ministères fédéraux de la Santé et du Bien-être social et des Finances.

En 1983, le groupe fédéral d'étude sur la réforme des pensions a organisé des audiences publiques au Canada pour recueillir les points de vue et les recommandations des personnes intéressées.

Le 12 octobre 1983, M. Allan Upshall, vice-président du Conseil et M. John Withrow, membre du Conseil, ont comparu devant le groupe parlementaire de travail pour présenter les observations et les recommandations du Conseil. On peut se procurer au siège du Conseil un exemplaire des observations du Conseil sur ce livre vert.

Les services de santé d'ici l'an 2000

En avril 1983, la présidente du Conseil, Madame Frances McHale, eut l'honneur de participer à un colloque du ministère de la Santé sur le thème

suivant: "Les services de santé d'ici l'an 2000", qui du public et du gouvernement.

C'est le ministère de la Santé, en collaboration avec ses organes de consultation, le Conseil ontarien de la santé et les conseils régionaux de la santé, qui a organisé ce colloque et défini les domaines de consultation. Les recommandations et les suggestions finales ont cependant été celles des participants au colloque, qui ont cherché à équilibrer les opinions et les attentes divergentes touchant le régime des soins de santé.

En janvier 1984, le ministère de la Santé rendait public un rapport sur les services de santé d'ici l'an 2000 et la recherche d'un consensus et sollicitait les commentaires des participants.

Madame McHale a fait savoir que le Conseil appuyait vigoureusement le ministère de la Santé dans sa recherche d'un consensus et soulignait qu'il pourrait apporter une collaboration particulièrement utile dans les deux domaines suivants: l'éducation du public et la promotion de la santé, et l'encouragement à la mise sur pied de projets et programmes pilotes. Le Conseil est très heureux de la possibilité qui lui est donnée de travailler en étroite collaboration avec le ministère de la Santé à l'évaluation des services de santé dont profitent les personnes âgées en Ontario.

Services de podologie

Depuis sa création, le Conseil se préoccupe des services de podologie offerts aux personnes âgées et de la pénurie de podologues en Ontario.

En septembre 1983, le Dr Grainger Reid, premier conseiller médical auprès du ministère de la Santé, et M. Charles Freebairn, coordonnateur des services podologiques du Toronto General Hospital, ont présenté au Conseil un rapport sur le programme de podologie dispensé au George Brown College.

C'est en septembre 1981 que les premiers élèves se sont inscrits à ces cours, qui s'inspirent de ceux offerts au Royaume-Uni, où ont d'ailleurs été recrutés plusieurs enseignants. Le cours offert est un cours à temps plein, d'une durée de deux ans, le premier du genre en Amérique du Nord.

En juin 1983, les 18 premiers diplômés ont été placés dans des établissements et des centres de santé qui reçoivent un grand nombre de personnes âgées, en vue d'évaluer leurs aptitudes et la qualité du cours dispensé. Cette évaluation est actuellement assurée par des cadres du Toronto General Hospital, qui traite chaque année 16 000 patients dans sa clinique de podologie. Ces mesures permettront d'uniformiser le cours et de l'offrir dans les collèges communautaires de l'Ontario. Une fois terminée cette période d'évaluation, les premiers diplômés pourront être répartis dans les divers centres régionaux, dans les établissements de soins prolongés, où ils pourront être utiles aux résidents et participer à des programmes communautaires.

Les podologues font maintenant partie de l'équipe des services médicaux. Leur formation leur permet de soulager la douleur et de prévenir certaines complications associées aux troubles du pied. Ils peuvent également conseiller les gens sur les soins à apporter aux pieds et le choix de chaussures appropriées.

4. favoriser les échanges et la concertation entre les groupes intéressés à offrir aux personnes âgées, surtout dans les régions rurales, les services de transport les plus appropriés;
5. promouvoir la mise sur pied de ces services de transport à l'intention des personnes âgées.

1. Étude des conclusions des rencontres régionales organisées par le Conseil

Lors des plus récents colloques régionaux organisés par le Conseil à Kapuskasing, London, Chatham, Sault-Sainte-Marie, Sudbury, Brockville, ainsi que dans la Communauté urbaine de Toronto et le comté d'Elgin, certains problèmes concernant le transport furent soulevés lors des échanges généraux. Le Conseil n'a pu cependant arriver à des conclusions touchant les besoins en cette matière, en raison de l'absence de données techniques.

2. Étude des sources les plus récentes de documentation

Le groupe de travail a passé en revue des études locales faites dans des régions rurales et urbaines de l'Ontario, des études provinciales, des travaux faits dans d'autres provinces, ainsi que plusieurs études inédites faites aux États-Unis.

3. Définition des meilleurs types de services de transport

Dans toute la mesure du possible, lorsqu'ils sont rentables et que le nombre de passagers est raisonnable, les services réguliers de transport assurés par des transporteurs professionnels représentent la solution la plus souhaitable. Lorsque la chose n'est pas possible dans une région donnée, qui compte un nombre raisonnable de jeunes, de personnes âgées et handicapées, la solution adoptée pourrait être celle proposée dans un article de Peter Grant intitulé "Creating a feasible transportation system for rural areas: Reflections of a Symposium" (La Revue canadienne du vieillissement, Volume II, No. 1, 1983). Le groupe de travail est d'avis que cet article résume bien les principaux facteurs à considérer.

Pour qu'un système de transport en région rurale soit rentable, le groupe de travail reconnaît que les facteurs importants sont les suivants:

... (ce système) ... doit être exploité *localement* par des bénévoles, servir *toute* la collectivité en lui offrant un service *souple et adapté* aux besoins des personnes désavantagées en matière de transport, et "pouvoir s'autofinancer, après les investissements initiaux et autres frais de démarrage". (RCV, volume II, no 1, 1983, page 33)

Voici diverses autres solutions qui se révèlent efficaces selon les régions: a) le transport est parfois assuré par la famille ou les amis; b) en Saskatchewan, dans le cadre d'un programme d'aide au transport rural, plusieurs petites collectivités rurales peuvent se regrouper pour assurer une liaison régulière avec les autocars provinciaux; c) au Manitoba, des subventions provinciales et municipales permettent d'assurer des services de transport dans les régions éloignées; d) il existe également des services téléphoniques qui indiquent aux personnes qui ont besoin d'un moyen de transport quels sont les automobilistes qui peuvent les dépanner; e) dans certaines régions rurales de

4. Concertation

L'Ontario, les personnes âgées peuvent également être desservies par des unités mobiles leur assurant divers services, par exemple des services dentaires ou d'orthophonie.

En janvier 1984, M. Munro a présenté un exposé au comité du transport par autobus du ministère des Communications. Ce comité comprend des représentants du ministère des Transports et des Communications, du ministère de l'Éducation, du ministère des Affaires municipales et du Logement, du ministère des Affaires du Nord, de l'Ontario Motor Coach Association, du ministère fédéral des Transports, de la Commission des Transports du Nord de l'Ontario, de l'Association canadienne des consommateurs et du Conseil consultatif de l'Ontario sur l'âge d'or.

Dans son exposé, M. Munro a expliqué les travaux du groupe de travail du Conseil touchant les besoins des personnes âgées en matière de transport, surtout dans les régions rurales de l'Ontario. Les personnes âgées comptent actuellement pour 20% de la population rurale de l'Ontario, mais devraient représenter 20% de toute la population ontarienne d'ici l'an 2021.

M. Munro terminait son exposé en rappelant que les besoins en matière de transport étaient l'un des trois principaux problèmes des personnes âgées, et qu'il fallait étudier d'avantage cette question pour dégager un consensus sur les méthodes à mettre en œuvre pour répondre à ce besoin.

Les données recueillies au cours des rencontres d'information organisées par le groupe de travail ont été communiquées au comité du transport par autobus du ministère des Transports et des Communications ainsi qu'au comité des transports du Conseil consultatif de l'Ontario sur les handicaps physiques.

Le Conseil entend faire des recommandations sur cette question au secrétaire de la province aux Affaires sociales, et mettre ses ressources à la disposition des chercheurs qui désirent intégrer à leurs études sur le transport les opinions des personnes âgées.

Observations particulières

Au cours de l'année écoulée, le Conseil a étudié un grand nombre de questions. Il a pu constater avec satisfaction que l'une de ses préoccupations constantes, soit l'augmentation des pensions des personnes âgées seules, a été examinée par le gouvernement. Un autre sujet, celui des services de

Le Conseil a exprimé son désir de collaborer avec les ministères chargés de donner suite à son document de travail. Les programmes visés dans la recommandation ci-dessus peuvent porter sur divers sujets: étude de la question des médicaments par les responsables des services existants tels que les services de soins à domicile (maladies chroniques et aiguës) et les services d'aides familiales; organi-

1. "ATTENDU QUE le Conseil consultatif de l'Ontario sur l'âge d'or a terminé son document de travail sur les médicaments et les personnes âgées, il est résolu que ce document de travail et le résumé des réponses des spécialistes et du public soient transmis au secrétaire de la province aux Affaires sociales, en lui recommandant que la question des médicaments soit approfondie par le ministère de la Santé et le ministère des Services sociaux et communautaires, aux fins suivantes: a) utilisation du document de travail du Conseil tel qu'il a été rédigé, b) refonte du document pour y inclure les observations des spécialistes et du public; c) utilisation du document ou des données qu'il contient pour la mise sur pied de programmes à l'intention des four-

nisseurs et des utilisateurs de médicaments."

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- Poser-vous les questions suivantes:
- Quelles sont les réactions auxquelles je peux m'attendre s'il y a interaction entre ce médicament et un autre médicament que je prends?
 - Quelle est la dose la plus faible que je puisse prendre?
 - Est-ce que la durée du traitement est la plus courte possible?
 - Est-ce nécessaire de continuer à prendre tous les médicaments que je prends à présent? Puis-je en éliminer quelques-uns ou en réduire la dose?
 - Est-ce que ce médicament peut être pris en une fois plutôt que 2, 3 ou 4 fois par jour?
 - Quelles sont les instructions précises que je devrais suivre?
 - Est-ce que les bienfaits du médicament compensent les effets secondaires éventuels?
 - Comment saurai-je que le médicament produit de l'effet?
 - Y a-t-il des aliments ou des boissons que je devrais éviter si je prends ce médicament?

Poser-vous les questions suivantes:

- Est-ce que j'ai bien avisé le médecin de TOUTES les médicaments que je prends?
- Est-ce que je peux lire les instructions sur l'étiquette?
- Est-ce que je peux ouvrir (et fermer) le contenant?
- Est-ce que je suis l'ordonnance du médecin à la lettre?
- Est-ce que je ne prends que les médicaments qui me sont prescrits? (sans chercher à essayer ceux d'un(e) ami(e), d'un parent?)
- Est-ce que je consulte mon médecin avant de prendre un médicament en vente libre?

Cette consultation auprès des spécialistes et du public a suscité un grand nombre de réponses, qui ont été compilées par le Conseil. De par son mandat, le Conseil ne peut s'occuper de la mise en oeuvre de programmes permanents. Aussi, lors d'une assemblée générale tenue le 14 mars 1984, après mûre délibération, les deux recommandations suivantes ont été adoptées à l'unanimité pour être transmises à l'honorable Gordon Dean:

1. "ATTENDU QUE le Conseil consultatif de l'Ontario

1. examiner les données recueillies sur cette question lors d'une rencontre régionale organisée par le Conseil;
2. définir et passer en revue les documents les plus récents sur la question;
3. définir le meilleur service de transport dont pourraient profiter les personnes âgées en Ontario;

Sous la direction de M. John McCulloch Munro, le groupe de travail a défini ainsi ses objectifs:

Vers la fin de 1982, le Comité du transport par autobus du ministère des Transports et des Communications consultait le Conseil sur les besoins des personnes âgées et les services existants en matière de transport en Ontario. Le Conseil acceptait alors l'invitation que lui faisait le ministre des Transports et des Communications, M. James Snow, de siéger à ce comité. Au début de 1983, le ministère des Affaires municipales et du Logement et le ministère de la Santé demandaient au Conseil renseignements analogues. En mai 1983, le Conseil d'élaborer un cadre général pour étudier les besoins des personnes âgées en matière de transport en Ontario.

Le transport

Tout en réaffirmant son objectif de promouvoir le bien-être des personnes âgées, le Conseil entend rappeler qu'il est nécessaire que les personnes âgées prennent davantage en main leur santé. En raison du vieillissement accru de la population et de la baisse de la population active qui assume les coûts des programmes sociaux, les personnes âgées devront apprendre à devenir de plus en plus autonomes.

La carte proposée pourrait être expédiée par la poste, sans frais additionnels, en même temps que la carte du régime de médicaments gratuits. Tout en réaffirmant son objectif de promouvoir le bien-être des personnes âgées, le Conseil entend rappeler qu'il est nécessaire que les personnes âgées prennent davantage en main leur santé. En raison du vieillissement accru de la population et de la baisse de la population active qui assume les coûts des programmes sociaux, les personnes âgées devront apprendre à devenir de plus en plus autonomes.

À l'heure actuelle, en Ontario, près de 6 000 citoyens deviennent admissibles chaque mois à la carte de personne âgée en atteignant l'âge de 65 ans.

Le Conseil accompagnait ses recommandations d'un texte qui pourrait être remis à cette occasion. Ce texte pourrait être modifié pour y inclure d'autres questions ou éclaircir certains points.

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Deuxième Conférence canadienne sur le troisième âge

Dans le sillage de la Conférence mondiale des Nations Unies sur l'âge d'or, qui s'est tenue à Vienne en août 1982, le ministre fédéral de la Santé et du Bien-être, Madame Monique Bégin, convoqua à Ottawa la Deuxième Conférence canadienne sur le troisième âge en octobre 1983.

Trois cents invités, dont plus de la moitié étaient des personnes âgées, participèrent à cette conférence, à laquelle prirent part également la présidente du Conseil consultatif de l'Ontario sur l'âge d'or, Madame Frances McHale, et deux membres du Conseil, Messdames Ivy St. Lawrence et Cécile Lanteigne. En plus de figurer parmi les principaux conférenciers, Madame McHale anima également un atelier d'échange sur les diverses possibilités offertes aux personnes âgées en matière de logement. Pour sa part, Madame St. Lawrence anima un atelier portant sur la participation des personnes âgées à l'élaboration des politiques et à la prise de décisions. Madame Hope Holmstedt, première présidente du Conseil consultatif de l'Ontario sur l'âge d'or, qui avait également présidé la Première Conférence canadienne sur le troisième âge, tenue en 1966, était vice-présidente honoraire de cette conférence.

Neuf thèmes principaux ont été étudiés lors de la Conférence:

1. Promotion de la santé et prévention des maladies.
2. Amélioration des programmes de santé et des mesures sociales à l'intention des personnes âgées et des familles qui leur dispensent des soins.
3. Protection des personnes âgées contre le crime et les mauvais traitements.
4. Possibilités offertes aux personnes âgées en matière de logement.
5. Amélioration des facilités de transport offertes aux personnes âgées.
6. Amélioration des possibilités d'emploi et de retraite des travailleurs âgés.
7. Préparation permanente à l'âge d'or.
8. Promotion de travaux de recherche et de programme de formation touchant le vieillissement.
9. Participation des personnes âgées à l'élaboration des politiques et à la prise de décisions.

Selon les déléguées du Conseil qui ont participé à cette rencontre, la conférence fut couronnée de succès et devrait favoriser une meilleure compréhension et une meilleure coordination des activités entre les divers responsables provinciaux, régionaux et municipaux.

Les participants ont souligné que l'on ne répond pas nécessairement aux problèmes des personnes âgées en multipliant les ressources financières qui leur sont affectées, mais qu'il importe que la prestation des services dont elles ont besoin soit mieux planifiée, et que ces services soient d'avantage utilisés de façon judicieuse et responsable.

Les médicaments et les personnes âgées

Ils ont réaffirmé que les personnes âgées doivent être consultées non seulement sur les questions qui les touchent, mais aussi sur toutes celles qui affectent la collectivité. Individuellement et collectivement, elles doivent prendre l'initiative et assumer leur propre vie. Compte tenu de l'accroissement de la durée de vie moyenne, elles peuvent maintenant apporter pendant plus longtemps une contribution utile à la société.

Il importe d'élaborer une politique réaliste complète susceptible de répondre toujours mieux aux besoins d'une population vieillissante, dans le cadre des ressources disponibles.

La planification doit viser comme objectif ultime de reconnaître le droit de chaque Canadien à une vieillesse vécue dans la dignité et la plus grande autonomie possible.

En clôturent les travaux de la Conférence, Madame Bégin a annoncé que pour mieux faire comprendre l'importance de la contribution des personnes âgées à la société canadienne, cette conférence serait désormais organisée tous les cinq ans.

Que savez-vous des médicaments que vous prenez?

Nous souffrons tous, à un moment ou à un autre, de troubles pour lesquels nous prenons des médicaments. Certains personnes doivent en prendre plusieurs, parfois indéfiniment. Que savez-vous des médicaments que vous prenez? Ceux que le médecin vous a prescrits et ceux que vous achetez sans ordonnance?

Une des attributions du Conseil consultatif sur l'âge d'or est de promouvoir le bien-être et l'autonomie des personnes âgées.

Pour vous aider à faire le point, à choisir les meilleurs moyens de prendre soin de vous-même, et à assurer votre bien-être, nous avons préparé à votre intention quelques questions au sujet des médicaments que vous prenez:

Posez à votre médecin ou à votre pharmacien les questions suivantes:

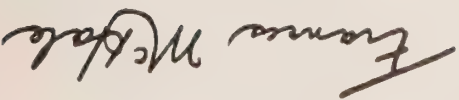
- Comment s'appelle le médicament et à quoi sert-il?
- Que se produirait-il si je cessais de le prendre?

le 31 mars 1984, de l'étude Sunset, conformément aux règles en vigueur du gouvernement de l'Ontario, utilisées pour évaluer périodiquement divers conseils et commissions. Cette étude s'est traduite par une très longue évaluation des travaux du Conseil et par un examen et une projection des besoins futurs des personnes âgées de la province. Un tel processus n'est jamais aisé, mais au moins a-t-il permis au Conseil d'évaluer ses réalisations et de déterminer les priorités pour l'avenir.

Je désire remercier Mme Margaret Birch, ancienne secrétaire de la province aux Affaires sociales, qui a oeuvré au sein du Conseil consultatif depuis sa création jusqu'en juin 1983, lorsqu'elle a été nommée adjointe parlementaire au premier ministre. Le Conseil souhaite la bienvenue à l'honorable Gordon Dean, secrétaire actuel de la province aux Affaires sociales.

Je remercie personnellement les membres et le personnel du Conseil pour le dévouement dont ils ont fait preuve tout au long de l'année.

Le Conseil consultatif anticipe avec plaisir de relever les défis des années à venir – et surtout de servir les personnes âgées de l'Ontario.



Frances McHale
Présidente

J'ai le privilège de présenter le présent rapport annuel qui marque la première décennie des travaux du Conseil consultatif de l'Ontario sur l'âge d'or.

Le gouvernement de l'Ontario a institué le Conseil consultatif en 1974, et lui a confié un mandat général qui concerne tous les aspects de la vie des personnes âgées. Cette nouvelle initiative démontrait l'intérêt que le gouvernement manifeste à l'égard du bien-être des personnes âgées et du phénomène de vieillissement, et a confirmé que les personnes âgées sont capables de demeurer actives au sein de la société ontarienne.

Le Conseil n'est pas un corps millitant; c'est un organisme consultatif qui formule des propositions étayées, en vue d'améliorer la qualité de la vie des personnes âgées, à la suite de contacts étroits avec des personnes âgées et des organisations.

En 1974, le Conseil était vivement préoccupé au sujet des attitudes dominantes de la société, tant chez les jeunes que chez les personnes âgées, à savoir que l'on considérait la retraite comme une période pendant laquelle les retraités n'avaient plus de responsabilités envers la société, n'avaient plus de valeur en tant que personnes et avaient automatiquement droit à certains droits et privilèges. Le Conseil estime que nos droits de citoyens comme personnes âgées doivent assumer ces responsabilités et utiliser leurs connaissances, leur expérience et leur sagesse pour améliorer la société dans son ensemble.

Le Conseil consultatif a déterminé, en 1975, qu'il était nécessaire d'améliorer l'accessibilité à l'information et de créer des communications entre les personnes âgées des régions urbaines et rurales de notre vaste province. L'information se présente sous des formes variées, mais il n'est pas toujours facile d'y avoir accès. Le gouvernement de l'Ontario a mis en oeuvre la recommandation du Conseil et publie maintenant "Especially for Seniors", bulletin trimestriel à l'intention de tous les habitants de l'Ontario de 65 ans et plus; le Conseil consultatif est entièrement responsable des articles publiés; l'impression et la distribution du bulletin sont subventionnées.

Lors de ses rencontres et visites régionales dans toute la province, le Conseil a appris que les besoins et attentes des personnes âgées des régions rurales et des petites collectivités pouvaient être fort différents de ceux des personnes âgées habitant les grands centres urbains. Comme il existait peu de documentation sur les personnes âgées en milieu rural, le Conseil a invité un groupe de recherche de l'Université de Guelph à préparer un rapport qui permettrait de mieux connaître les besoins des personnes âgées en milieu rural. Le Conseil consultatif a commandé à l'Université Western Ontario une autre étude portant sur les besoins en soins dentaires des personnes âgées de la province.

Les comités et groupes de travail du Conseil consultatif effectuent plusieurs études sur divers sujets

de préoccupation. Ces études se traduisent par la préparation interne de documents de travail, comme "Dying: Towards a Better Understanding", "A Guide to Community Support Services", "Hearing Impairment and the Elderly", "Medications and the Older Adult" et "A Model of Delivery of Services to Northern and Remote Communities". De plus, le Conseil a publié "Seniors Tell All" et "Through the Eyes of Others" - recueils d'opinions et de points de vue de personnes âgées à l'égard de la vie - pour favoriser la compréhension et les liens entre les générations.

On a constaté, au cours des dix dernières années, une amélioration sensible de l'attitude de la société à l'égard des personnes âgées en Ontario. On peut attribuer cette évolution à de nombreux facteurs. Des milliers de personnes à bien s'adapter à leur nouveau mode de vie. Des programmes offerts dans des centres pour personnes âgées et dans le système scolaire favorisent l'établissement de liens, structurés ou non, entre les générations. L'éducation permanente et les autres possibilités permettant aux personnes âgées de faire des études dans des collèges communautaires ou des universités ont favorisé encore plus le dialogue et les possibilités d'échange et ont supprimé de nombreuses barrières artificielles.

Mais c'est chez les personnes âgées qui travaillent comme bénévoles que l'on a constaté le changement le plus marqué. Non seulement elles oeuvrent au sein d'organismes de charité, mais on les retrouve dans pratiquement tous les domaines du bénévolat. Un grand nombre d'entre elles consacrent de plus en plus leur temps libre auparavant réservé au travail à l'amélioration de la société. On commence enfin à juger les personnes d'après leurs compétences et leurs contributions, et non d'après le groupe d'âge auquel elles appartiennent.

Nous vivons dans un monde qui évolue rapidement et à une époque stimulante pour ce qui est des besoins actuels et futurs des personnes âgées en Ontario. Cependant, lorsque nous considérons nos responsabilités, le travail du Conseil devient plus complexe et de nombreuses questions surgissent, que nous devons résoudre.

En tant qu'organisme consultatif, nous avons la responsabilité de parler ouvertement de ces questions et d'influer le gouvernement. Nous devons en même temps informer le public de nos principales préoccupations et de nos recommandations sur ces diverses questions. Nous devons être sensibles à l'équilibre délicat qui existe entre les responsabilités des individus et celles du gouvernement, entre l'intervention et le libre choix, entre la protection et l'autonomie. Nous devons d'ailleurs nous interroger sur la qualité plutôt que sur la durée de la vie.

Au cours de l'année financière 1983-1984, le Conseil consultatif a fait l'objet d'un certain nombre de changements au sein de son organisation. Ce fut une année de préparation aux fins de la présentation,

Le mandat du Conseil

Le Conseil consultatif de l'Ontario sur l'âge d'or a été créé le 24 avril 1974 par un arrêté ministériel sanctionné par Son Honneur le Lieutenant-gouverneur de l'Ontario. Il se compose d'un président, de deux vice-présidents et de 15 membres venant des différentes régions de la province et représentant divers milieux et occupations. La plupart sont des personnes âgées et tous sont actifs dans leur communauté respective.

Le Conseil a pour mandat:

par l'entremise du Secrétaire de la province aux Affaires sociales, de conseiller le gouvernement de l'Ontario sur ce qui touche aux personnes âgées ou vieillissantes et, sans restreindre le sens général de ce qui précède,

a] de promouvoir et de susciter les occasions de rendre plus autonomes les personnes âgées pour leur procurer la satisfaction et les avantages auxquels elles ont droit en tant que membres de la société.

b] d'examiner les politiques courantes qui ont une incidence sur le vieillissement et sur l'économie, et touchant l'emploi, la préparation à la retraite, le maintien du revenu et d'un bon état de santé, les services et installations gouvernementaux et autres, particulièrement programmes de logement, de soins prolongés et autres services semblables.

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7	Rencontre régionale <ul style="list-style-type: none">• Comité d'Elgin
8	Bulletin "Especially for Seniors"

Membres du Conseil 1983/84

McHale, Frances, présidente

Johnston, Florence, vice-présidente

Upshall, Allan, vice-président

Barr, Mary Evelyn

Earhart, Leslie

Kemp, Robert

Lantaigne, Cecile

MacDonnell, Robert

MacOdrum, Frances

Mennill, Joe L.

Merry, George

Moriarty, May

Munro, John McCulloch

Powell, Harry

Sloan, Christine

Smith, W. Reginald

St. Lawrence, Ivy

Withrow, John

London

Thunder Bay

Willowdale

Chatham

Scarborough

Scarborough

Kapuskasing

Kenora

Brookville

Aylmer

Kingston

Port McNicoll

North York

Dundas

Ottawa

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Toronto

Toronto

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Elizabeth Szalowski, administratrice en chef

Chris Stewart, adjoint à l'administration

Allan Upshall
Vice-président



Frances McHale
Présidente



Florence Johnston
Vice-présidente



Cher monsieur:

Nous avons l'honneur et le plaisir de vous remettre
le dixième rapport annuel du Conseil consultatif
de l'Ontario sur l'âge d'or pour l'année finissant le
31 mars 1984.



Gordon Dean
Secrétaire de la province aux
Affaires sociales

le

Rapport annuel
1983/84

Conseil consultatif
de l'Ontario
sur l'âge d'or



Ontario
Advisory Council
on Senior Citizens

ANNUAL REPORT

1984/85

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Members of Council

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Elsie Kingsbury
Carleton
Vice-Chairman
Served 1984-85



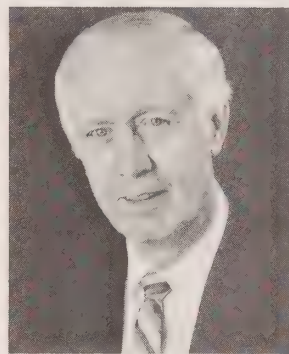
Frances McHale
London
Chairman
Served 1980-85



Ivy St. Lawrence
Toronto
Vice-Chairman
Served 1983-85



Dr. Charles Eaid
Sault Ste. Marie
Served 1984-85



Robert Kemp
Scarborough
Served 1983-85



Cecile Lanteigne
Kapuskasing
Served 1979-85



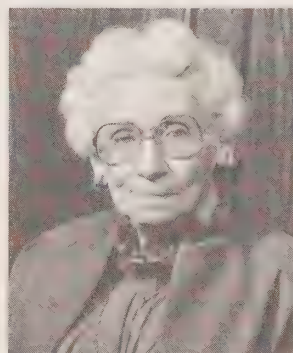
Olga Leschuk
Toronto
Served 1984-85



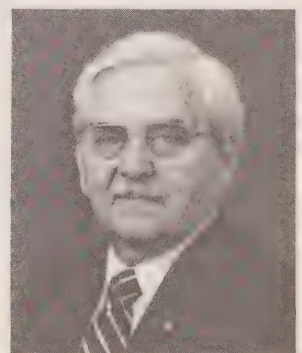
Frances MacOdrum
Brockville
Served 1981-85



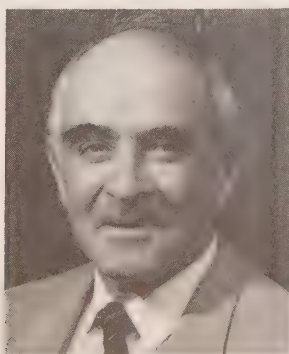
Joe L. Mennill
Aylmer
Served 1979-85



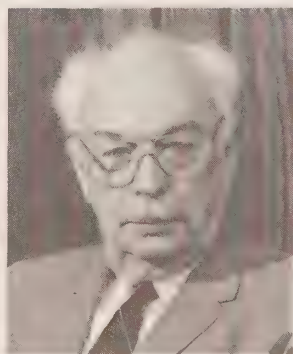
May Moriarty
Port McNicoll
Served 1980-85



Ernest Seager
Stoney Creek
Served 1984-85



Bill Watson
Mount Forest
Served 1984-85



John Withrow
Toronto
Served 1979-85

Absent: Gibson Mackie
Scarborough
Served 1984-85

Council Members 1984/85

McHale, Frances, Chairman

London

Kingsbury, Elsie, Vice-Chairman

Carleton

St. Lawrence, Ivy, Vice-Chairman

Toronto

Eaid, Dr. Charles

Sault Ste. Marie

Kemp, Robert

Scarborough

Lanteigne, Cecile

Kapuskasing

Leschuk, Olga

Toronto

MacOdrum, Frances

Brockville

Mackie, Gibson

Scarborough

Mennill, Joe L.

Aylmer

Moriarty, May

Port McNicoll

Seager, Ernest

Stoney Creek

Watson, Bill

Mount Forest

Withrow, John

Toronto

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Staff:

Mary Tate, Senior Executive Officer
Christopher Stewart, Research Assistant

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June 26/27, 1984
September 18/19, 1984
November 27/28, 1984
February 12/13, 1985
March 27/28, 1985

Consultation Meetings:

Toronto, February 11, 1985
Ottawa, March 22, 1985

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Council's Mandate

The Ontario Advisory Council on Senior Citizens was established on April 24, 1974 by an Order-in-Council approved by Her Honour the Lieutenant Governor of Ontario.

The Mandate of Council is:

- (1) To advise the Government of Ontario through the Provincial Secretariat for Social Development on matters pertaining to the well-being of the aged and aging persons, and without limiting the generality of the foregoing;
 - (a) To further promote the development and creation of opportunities for self-help for the aged, to their satisfaction and advantage as members of society as a whole;
 - (b) to review current policies which have a bearing on aging and the economy, involving employment, preparation for retirement, income maintenance and health measures, services and facilities of government and otherwise, including education, programs on housing, long term care, and other related issues.

Council fulfills its mandate by:-

- (1) holding at least 4 full Council meetings a year;
- (2) receiving presentations from and consulting with organizations which represent seniors or are addressing matters of concern to seniors;
- (3) At the request of the Provincial Secretary for Social Development, meeting with staff in various Ministries to review current policies, programs and reports;
- (4) publishing a quarterly newspaper, **Epecially For Seniors**, encouraging communication between seniors in the province and Council;
- (5) preparing and distributing position and discussion papers.

By these means Council seeks to identify major issues concerning seniors. Through the work of task groups, Council develops recommendations which are forwarded, in writing and at meetings, to the Provincial Secretary for Social Development, to share with his colleagues in government. Council continues to monitor the recommendations submitted to government and may, as has happened this year, restate its concern on important issues such as the dental care needs of the elderly.

Chairman's Remarks

In accordance with the established Ontario Government procedure whereby various boards, commissions, and councils are periodically assessed, the Ontario Advisory Council on Senior Citizens underwent a Sunset Review as at March 31st 1984. As a result of the review the Council was reappointed until March 1987 with no change in its mandate. The membership of the Council was decreased from eighteen members to fourteen, in keeping with the fiscal restraint program of the Province.

I believe this report adequately sets out the issues addressed, the recommendations the Council has made to the Provincial Government this year, and the Council's involvement with other organizations and conferences relating to the planning and provision of services and programs for the elderly. Rather than referring to the contents of the report, I would like to identify some challenges I see ahead.

In the future we will be facing a situation in which there will be more elderly and aged persons who need assistance, and fewer adult children to care for them. We are beginning to see more five generation families. We already have 70-year olds caring for 90-year old parents. We are at a cross-road between a system which depends heavily on institutional care, and one which sees the institution as a part of the spectrum of service. We must promote the right to independence as long as possible and the means to ensure it.

More public caring facilities are needed outside the home; day hospitals, day care centres, meals on wheels or wheels to meals, and home support services. Support services should not relieve the family of responsibility, but rather support the family's needs.

Recent escalation of the costs of health care has resulted in concern that society will not be able to meet the increased demands of an aging population. It is seldom recognized however that the formal health care system only provides about 20 percent of care to the aging members in our society. Estimates from both Canada and the United States suggest that 80 percent of all care provided to elderly people in society is provided by family and friends; sometimes referred to as the informal care system.

The formal health care system has been criticized because of its medical emphasis, its emphasis on acute care, and on long term institutional care. Proponents of an alternate

health care system argue for a broader interpretation with more emphasis on chronic care and on home care, with flexibility and co-operation between the formal, and informal care systems.

The Council has made strong recommendations to Government to ensure consistency in the delivery of long term care, and more emphasis on community support services to help preserve independence for the 92 percent of our seniors living in the community. We should continue to promote "continuum of care models" to ensure that the right service is available, at the right time, in all Ontario communities.

There are many senior citizen organizations in Ontario, each providing worthwhile activities and programs. However there is no umbrella group, or forum where these organizations may exchange information, nor any regular system of communication. In 1984 the Advisory Council established a consultation task group to meet with representatives from senior citizen organizations in the province. Two meetings were held in 1985 with more scheduled for later in the year.

In addition, the Second Canadian Conference on Aging 1983 and the "Listen to Me" conference in Toronto in 1984 both identified a greater need for communication between Senior Citizen organizations and individual senior citizens.

It is significant some provinces have, in addition to an Advisory Council or a Council on Aging to which members are appointed, an umbrella association of Senior Citizen Organizations. When the Consultation Task Force was established, its mandate was to identify issues and explore communications, coordination and cooperation among Senior associations. It might be an opportune time to examine existing structures in other provinces and include the information and recommendations in the final report of the consultation task group.

September 1984 saw the retirement of Elizabeth Szalowski as Senior Executive Officer of the Council, a position she held since the inception of the Council in April 1974. I know I speak for previous chairmen and members of Council in thanking her for her guidance and support over the 10 years, and offering our best wishes for her future.

I would like to close this report with comments made during my first month in office; "While we

agree that the community and government have to assist seniors in many ways, we also strongly believe in the responsibility of self-help by the aged for their satisfaction and advantage as members of society as a whole. All rights and privileges are accompanied by responsibilities regardless of age".

I have completed a three year term of office as chairman, so this will be my last report for Council. To the Government of Ontario for giving me the opportunity to serve, and to all my friends and colleagues for their assistance and support, a very sincere "Thank you".

My congratulations and best wishes to the new chairman, Mrs. Ivy St. Lawrence, and members of the council.

A handwritten signature in cursive script that reads "Frances McHale". The signature is written in dark ink on a light-colored background.

Frances McHale,
Chairman

ACTIVITIES 1984/85

Health Related Issues

Chiropody

Council has continued to monitor the development of a Canadian Chiropody program since its inception in 1981, on the recommendation of Council. As reported last year, Council urged the government to continue to expand the program to meet the needs for service across the Province. It is gratifying to report that in September 1984 enrolment was doubled from 18 to 36 in the chiropody program in September 1984 offered through George Brown College; a foot care component will also be available as an option in the Registered Nursing Program at the College. As more graduates become available they will be located throughout the province and consideration is being given to the possibility of placements in Home Care and Public Health Units.

Continuum of Care

A major focus of Council's work over the past ten years has been promotion of the philosophy that individual seniors are, by and large, willing and able to take responsibility for their own health and well-being. The fact that only 8% of Ontario's seniors live in institutions endorses this viewpoint.

In order to enable seniors to remain in the community as long as possible and to provide for autonomous, individual choice of care, Council believes a range, or continuum, of care should be universally accessible to provide integrated assessment and delivery of health and social services.

After a careful review of existing programs and discussions with representatives of seniors organizations, as well as government, Council forwarded the following recommendations to the Provincial Secretary for Social Development in March 1985:

- i) That a continuum of care should be provided, with emphasis on health promotion and primary care in the community. Essential components should include:
 - (a) Public information service
 - (b) Emergency Service (regional)
 - (c) Assessment service coordination
 - (d) Home Support Services (meals-on-wheels, home helpers, home makers, home maintenance, friendly visiting, escort service, transportation, etc.)
 - (e) Coordinated care management

- (f) Comprehensive acute and chronic home care to include frail elderly and psycho-geriatric clients
 - (g) Network of day hospitals and day centres complete with complementary social, recreational and health promotion programs.
 - (h) Placement coordination service
 - (i) Respite Care
 - (j) Multi-level, flexi-care beds
 - (k) Care-giver support systems
- ii) Supplementary components are a critical element to the effective functioning of a continuum of care. Therefore the following are a necessary aspect to ensure delivery of a high quality of services:
- (a) Training be provided for all levels of volunteers and professionals.
 - (b) Research be a component part, providing utilization of data collection, interpretation, ethics, planning and coordination of research development units.
 - (c) Adequate funding for all the preceding, recognizing a combination of private, public and voluntary sectors.
 - (d) Insured advocacy for service recipients.
 - (e) Services should be accessible to franco-phone elderly in French.

Dental Care Needs of the Elderly

In 1980 Council released a Position Paper entitled **Dental Care Needs of Ontario's Seniors**. During 1984/85 the issue was again reviewed and a consultation held with Public Health specialists to share concerns and information on this important aspect of health care. As a result, Council concluded that there is an unmet need for dental services among seniors in Ontario which requires attention.

Accordingly, Council reaffirmed its position adopted in 1980 and resubmitted its Position Paper to government, with the addition of the following optimum suggested timetable for the implementation of a dental care plan:

- 1985 An annual screening of all Nursing Home and Homes for the Aged residents, and if possible, of home care recipients.
- 1986 All seniors in their 65/66 year be eligible for an annual screening, prophylaxis on an annual basis, and for urgent dental repair.
- 1987 Seniors be considered eligible for corrective fillings, remedial extractions and all denture maintenance.
- 1988 All seniors be eligible for complete dental screening and for office dentistry.
- 1989 All seniors be eligible for a final assessment and complete dental care and prophylaxis.

- 1990 All seniors be eligible for complete dental coverage, except for cosmetic services.
- 1991 All seniors be eligible for complete coverage.

It was also recommended that all people who have dental plans through their employment be urged to take full advantage of these before their retirement. Further, it was stated that the public should be educated to have a dental assessment undertaken and remedial dentistry done before reaching 55/65 years of age, preferably from the age of 45 on.

Geriatric Day Care Hospitals and Community Health Centres

At the request of the Provincial Secretary for Social Development, Council was pleased to review and offer comments on two documents prepared by the Ministry of Health.

The Interim Policy & Guidelines for Geriatric Day Hospitals in Ontario outlines the proposal that units be established within existing hospital facilities to offer a range of coordinated health care services to seniors on a daily basis. The units will be supported by appropriate services within the hospital which will be used in such a way that seniors can receive a co-ordinated range of services to suit their individual needs, without the necessity of longer term hospitalization.

Interim programs are currently in place across the Province. Council is hopeful that these programs, staffed appropriately, will meet the needs of seniors while remaining cost-effective, both in regard to the physical use of the facilities and health services personnel.

The Guidelines and Submission Procedures for the Community Health Centre Program sets out the funding and other criteria for establishing a health care program as a discrete service which may be an additional component of a multi-service centre providing social, recreational, legal and other services in Ontario communities. Council is of the opinion that the availability of health care through Community Centres would benefit many seniors, including the frail elderly whose needs often receive low priority in health care. Council expressed to the Provincial Secretary for Social Development the view that every effort should be directed to maintaining continuity of staff in Community Health Centres, since frequent staff changes can cause great concern to the elderly.

Long Term Care Facilities

In March 1981 the Ontario Advisory Council on Senior Citizens recommended that a Task

Force be established to study policies related to the care provided to seniors in Nursing Homes, Homes for the Aged and charitable institutions. In June 1984 Council resubmitted to government the 1981 Recommendation with the following additions: –

- (1) That a progress report on the status of the 1981 recommendation be requested; and
- (2) That the urgency of the matter be stressed, with the request that this be a high priority issue.

The Provincial Secretary for Social Development indicated, in August 1984, that the issue of long-term institutional care for seniors was under active discussion at the Ministerial level. As of March 1985 Council had received no further information on this important issue.

Medications and the Older Adult

In the Annual Report for 1983/84 Council was pleased to indicate the work completed as at March 1984, in respect of the issue of Medications and the Older Adult. At that time Council had recommended to the government that the Ministry of Health further pursue the issue and that consideration be given to making all seniors aware of the questions contained in Council's position paper "Medications and the Older Adult", prepared in 1982.

In June 1984 Council made two further recommendations to Government regarding this matter:

- (1) Because there is still a lack of awareness by the recipients of the drug plan concerning the escalating overall costs involved, it is recommended that each prescription dispensed bear the cost of the drug, either on the container or with a receipted bill.
- (2) Because of the difficulty of access for many senior citizens, particularly those in under-serviced areas, to pharmaceutical outlets at 30 day (or less) intervals; and in order to cut down prescription dispensing costs which are disproportionately higher for small quantity prescriptions; it is recommended concerning the rule of redispensation at intervals of thirty days for uncontrolled drugs that an extension from 30 to 90 days be considered, at the discretion of the prescribing physician.

Subsequent discussions were held with senior staff in the Ministry of Health, and Council is now represented and has input on the Drug Benefit Liaison Committee of that Ministry. A card, bearing the list of questions contained in Council's Position Paper on Medications and the Older Adult is being printed by the Ministry of Health; Council is very pleased to know that

this card will shortly be distributed to seniors with their Ontario Senior Citizen Privilege Card, which entitles them to free prescription drugs, as provided under the Ontario Drug Formulary.

Security of Mentally Impaired Residents in Long-Term Care Facilities

Council members share the concerns of many people regarding the safety of mentally impaired residents of long-term care facilities. The balance between providing a caring and protected environment for such individuals, while at the same time protecting their dignity and human rights is not easy for those providing long term care.

In February 1985 Council put forward the recommendation that consideration be given to providing mentally impaired residents with a bracelet which would trigger an alarm system if the wearer went through any prohibited doors.

Nursing Home Initiatives

For a number of years Council members have been closely monitoring issues related to nursing homes and the services they offer to Ontario's seniors. It was therefore with great interest that Council examined the initiatives in this area, announced in October 1984 by the Minister of Health.

The formation of a central area committee and four regional subcommittees of the Nursing Home Residents Complaints Council was welcome news. Approximately 29,000 seniors live in nursing homes, and the quality of life they enjoy is of concern to their families and many others. The Nursing Homes Residents Complaints Councils, as external advisory groups, should provide a forum in which nursing home residents' councils, or individual residents, can bring forward problems. Council endorses the purpose of the committees and encourages seniors and their families to use the complaints process in a constructive and careful manner.

A Compliance Plan Review Board has also been established to review the status of each nursing home with regard to physical compliance and current structural standards. The need for consistent physical standards is very important but Council was pleased to note that every effort will be made to ensure the maintenance of community-based nursing homes in smaller, rural, communities.

The role of advisory physicians in nursing homes is to be thoroughly reviewed and guidelines are being developed by the Ministry of Health for the role of physicians acting in an advisory capacity to nursing homes. It is Council's belief that this development of guidelines is a positive step in achieving the highest possible standards of medical care available to nursing home residents across the province.

General Health Issues

Council received a presentation from the Osteoporosis Society of Canada and senior staff of the Ministry of Health in September 1984. Osteoporosis is a process of bone degeneration, which affects men and women of all ages, but particularly some women past the age of 50. The problem is receiving increasing recognition and individuals are being encouraged to seek professional advice regarding diet, medication and exercise. Council has been monitoring public discussion of this condition, together with the work of the Ministry of Health, and an article on the subject was included in the Fall of 1984 issue of **Especially For Seniors** to provide current information for seniors. The Health Task Group of Council will continue to review developments in this area.

Similarly, Council has been monitoring materials and information relating to the incidence of suicide among the elderly. Council will continue its work in this respect, since concern remains that suicide among the elderly may be more prevalent than statistics indicate.

Income Related Issues

Federal Consultation Paper on Child & Elderly Benefits

In January 1985 the Federal Department of National Health & Welfare released a consultation paper on **Child and Elderly Benefits**.

Council reviewed the paper very thoroughly and provided comments to the Provincial Secretary for Social Development for consideration in the preparation of Ontario's response to the federal government.

Council was pleased to commend the federal government's then current philosophy that "the concept of a universal base payment which is taxable . . . is a sound one and should not be disturbed." The abandonment of the concept of a surtax on Old Age Security payments to upper income pensioners was also commended by Council in view of the disruptive effect it may have upon those who have, over their working years, made provision for private pensions to cover their retirement days.

Under the heading "Options for Change" comments were requested in respect of the present Age Exemption and Pension Income Deduction now part of the Income Tax Act. Council felt that any regressive changes in this area should be approached with caution. The present Age Exemption is indexed, to help alleviate inflation, while the Pension Income Deduction is a fixed amount which has remained constant over many years, and may be considered inadequate under present conditions.

Both of these tax concessions have been of value to the elderly, particularly benefiting the middle income group, who make up a large proportion of the elderly taxpayers.

The lower income group, including many who receive Guaranteed Income Supplement and GAINS are exempt from income taxation, and it is those whose income is marginally above the minimum limits of our income tax rates who currently benefit most from such exemptions and deductions. If such exemptions and deductions are reduced, or eliminated, it will be the middle income group who will suffer most and their after-tax income, which they have carefully built up by private savings and pension plans, eroded. The more affluent elderly also benefit, but the limited amounts so deductible, are inconsequential in respect to the larger incomes, and progressive tax rates.

Many seniors have planned financial self-sufficiency for their retirement years, and thus independence from government welfare, upon the continued existence of such exemptions and deductions. If the rules are changed now, it will result in hardship, particularly when their present effective income sources have already been sorely reduced by inflation in the years since retirement.

Council urged that every consideration be given to the retention of the present system for the benefit of those seniors who strive to face the 1980's and beyond, but who are on retirement incomes of prior days.

It is anticipated that the Federal Budget, scheduled to be brought down in May 1985, will reflect the Consultation Paper and Council will watch developments closely.

Portable Living Units for Seniors

Council has been following with great interest the development by the Ministry of Municipal Affairs & Housing of a small demonstration project utilizing portable living units for seniors, otherwise known as "granny flats".

This innovative concept originated in Australia and is being tested in several countries. A "Granny Flat" is a detached housing unit, which may be located in the grounds of an existing single family home. The units, which are portable, offer approximately 600 sq. feet of completely self-contained accommodation for a senior parent or relative of the home owners.

Three municipalities have been selected for trial projects; the City of Waterloo and the Regional Municipalities of Ottawa-Carleton and Sudbury. The Province of Ontario will retain

ownership of the initial 12 units and will assess the feasibility of the concept over a three year period.

Given the increasingly high costs of housing faced by many families today, "Granny Flats" present an innovative option for seniors who wish to retain their independence while remaining in close touch with their families.

Consultation and Communication

Consultation Meetings 1984/85

In order to ensure that the advice and recommendations provided by Council to the Government accurately reflect the current concerns of seniors, Council consulted with seniors' organizations on two occasions during 1984/85.

In February 1985 members of the Consultation Task Group of Council held a one day meeting in Toronto with the representatives of the following eleven senior citizens organizations:

Canadian Council of Retirees
Canadian Pensioners Concerned
Federation des aines Francophones de L'Ontario
Kingston and Area Senior Citizens' Council
Ontario Association of Residents' Councils
Scarborough Senior Citizens' Council
Senior Talent Bank Association of Ontario
Superannuated Teachers of Ontario
Telephone Pioneers of America
Tillsonburg & District Senior Citizens Council
United Senior Citizens of Ontario

A further one day meeting was held in Ottawa in March, 1985, with representatives of the Council on Aging of Ottawa-Carleton.

The purpose of both consultation meetings was to provide an opportunity for the participants to:

- (1) Identify the major issues facing their agencies in 1985; and
- (2) To recommend what role the Ontario Advisory Council on Senior Citizens can play in assisting these agencies to deal with the issues they identified.

Many useful and constructive suggestions and recommendations were brought forward during the meetings and it was Council's decision that the consultation process should continue. The recommendation submitted to government in March 1985 regarding a model for the provision of a continuum of care was the outcome of these discussions. Further recommendations have been deferred pending completion of the consultation process.

Consumer Needs of Ontario's Senior Citizens

In response to an article on the consumer needs of senior citizens contained in the Summer, 1984 issue of **Epecially For Seniors**, many seniors wrote and shared with us their ideas, experiences and thoughts about the market place.

The results of this informal survey were put together by Council in a discussion paper called **Consumer Needs of Ontario's Senior Citizens**, which has been distributed to many retailers and manufacturing associations across the Province, as well as to individual seniors and seniors organizations.

The discussion paper has stimulated a good deal of interest with both providers of consumer goods and consumers themselves. Council is most grateful to everyone who participated in this lively discussion.

Epecially For Seniors

A very important link between Council and the 850,000 seniors in Ontario is the quarterly newspaper, **Epecially For Seniors** distributed at no cost to all those in receipt of Old Age Security.

Through the paper, Council provides information and articles of interest to seniors and, in return, receives many letters from readers of the paper. Seniors do not hesitate to say what they think about the content of the paper or anything else that is on their minds, and every effort is made to respond directly to those who take the time to write to the Editor.

During the past year the decision was made to give the paper a "face-lift"; it was felt that three, rather than four columns per page, would give clarity to the text, particularly as the larger type face was retained. Inevitably some adjustments have had to be made and the delivery schedule has suffered. However, the response of readers has been most encouraging and their comments and suggestions are very helpful.

Presentations Received by Council in 1984/85

(A) Presentations Received from:

Chairman of the Ontario Advisory Council
on the Physically Handicapped on Council
activities
Ministry of Health – Medications and the
Older Adult
Dept. of Public Health, City of Toronto, on
Dental issues
Osteoporosis Society of Canada
Canadian Pensioners' Concerned – Activity
review
The Toronto Mayor's Committee on Aging,
on Committee activities
Ministry of Tourism and Recreation –
Leisure and the Older Adult
Aging in a Rural Environment – Video
presentation from the University of Guelph
Advocacy Centre for the Elderly

(B) Conferences/Meetings in which Council members participated

Ontario Nursing Home Association Annual
Meeting
Premier's Conference on Partnership in
Ontario
Towards an Understanding of Rural Women
– Ministry of Agriculture & Food
Listen to Me! – National Advisory Council on
Aging
Ontario Advisory Council on the Physically
Handicapped – General Council Meeting
Pulling Together – seminar on
institutionalization of seniors – the Toronto
Mayor's Committee on Aging
Ministry of Municipal Affairs & Housing –
Towards Community Planning for an Aging
Society
Heritage for Tomorrow – Parks Canada
Conference
Ontario Drug Benefit Liaison Committee
Sixty Plus – Canadian Association of Better
Business Bureaus
Senior Citizens Month Opening Events
1984
Ministry of Transportation & Communica-
tions – Bus Transportation Committee
Canadian Standards Association –
Committee
Ontario Gerontology Association – Annual
Meeting
Canadian Pensioners Concerned, Ontario
Division, – Annual Meeting
Provincial Secretary for Social Development
– Consultation Meetings held in Hamilton
and Ottawa

articles sur des sujets qui les intéressent et de recevoir, en retour, un courrier important de la part des lecteurs. Les personnes âgées n'hésitent pas à dire ce qu'elles pensent du contenu du journal et à parler de ce qui leur tient à cœur et tous les efforts sont faits pour répondre directement à celles qui prennent le temps d'écrire au rédacteur.

Au cours de l'année passée, on a entrepris de rajouter le journal; il est apparu en effet qu'une page de trois colonnes au lieu de quatre donnerait de la clarté au texte, d'autant plus qu'on conservait les gros caractères d'imprimerie. Il a bien sûr fallu apporter certains ajustements à l'ensemble et le calendrier de livraison en a souffert. Cependant la réaction des lecteurs a été des plus encourageantes et leurs commentaires et suggestions se sont avérés très utiles.

Communications reçues par le Conseil en 1984-1985

A) Communications en provenance des

personnes et organismes suivants:

Président du Conseil consultatif de l'Ontario sur les handicapés physiques, sur les activités dudit conseil
Ministère de la Santé – les médicaments et les personnes âgées
Service d'hygiène publique de la ville de Toronto, sur les questions dentaires
Société d'ostéopore du Canada
Canadian Pensioners' Concerned – revue d'activité
The Toronto Mayor's Committee on Aging, sur les activités du comité du maire de Toronto sur le vieillissement
Ministère du Tourisme et des Loisirs – les loisirs et les personnes âgées
Aging in a Rural Environment – présentation vidéo de l'université de Guelph sur les personnes âgées en milieu rural
Advocacy Centre for the Elderly

B) Conférences/rencontres auxquelles ont participé les membres du Conseil

Ontario Nursing Home Association – congrès annuel
Premier's Conference on Partnership in Ontario
Towards an Understanding of Rural Women – Ministère de l'Agriculture et de l'Alimentation
Listen to Me! – National Advisory Council on Aging

Conseil consultatif de l'Ontario sur les handicapés physiques – congrès général du conseil
Pulling Together – séminaire sur le placement en établissement des personnes âgées – The Toronto Mayor's Committee on Aging
Ministère des Affaires municipales et du Logement – Towards Community Planning for an Aging Society
Heritage for Tomorrow – conférence de Parcs Canada
Comité de liaison du programme de médicaments gratuits de l'Ontario
Sixty Plus – Association canadienne des bureaux d'éthique commerciale
Senior Citizens Month Opening Events 1984
Ministère des Transports et des Communications – comité des transports par autobus
Association canadienne de normalisation – Association ontarienne de gérontologie – congrès annuel
Canadian Pensioners Concerned – division de l'Ontario – congrès annuel
Secrétariat de la province aux Affaires sociales – réunions de consultation à Hamilton et Ottawa

Logements mobiles pour les personnes âgées

Le Conseil a suivi avec beaucoup d'intérêt le développement d'un petit projet de démonstration du ministère des Affaires municipales et du Logement qui propose l'utilisation d'habitations mobiles pour les personnes âgées, unités appelées en anglais "granny flats".

Cette idée originale nous vient d'Australie et est mise à l'essai dans divers pays. Il s'agit d'habitations indépendantes qui peuvent être installées sur le terrain des maisons unifamiliales existantes. Elles sont mobiles et offrent approximativement 600 pieds carrés de logement complètement autonome à un parent plus âgé ou à un membre de la famille des propriétaires de la maison.

Trois municipalités ont été choisies pour mettre le projet à l'essai: la ville de Waterloo et les municipalités régionales de Ottawa-Carleton et Sudbury. La province d'Ontario conserve la propriété des 12 premières habitations et évaluera la faisabilité du projet au cours d'une période de trois ans.

Etant donné la dépense croissante que représente le logement pour beaucoup de familles actuelles, ce système offre une solution originale aux personnes âgées qui veulent garder leur indépendance tout en restant proches de leur famille.

Consultation et communications

Réunions de consultation en 1984-1985

Pour veiller à ce que les recommandations qu'il fait au gouvernement reflètent avec exactitude les préoccupations actuelles des personnes âgées, le Conseil a organisé deux rencontres de consultation avec les organisations de personnes âgées au cours de l'année 1984-1985.

En février 1985, les membres du groupe de travail du Conseil en charge de la consultation ont organisé une rencontre d'une journée à Toronto avec les représentants des onze organisations de personnes âgées suivantes:

Canadian Council of Retirees
Canadian Pensioners Concerned
Fédération des aînés francophones de l'Ontario
Ontario Association of Residents' Councils
Scarborough Senior Citizens' Council
Senior Talent Bank Association of Ontario
Les enseignants retraités de l'Ontario
Telephone Pioneers of America
Tillsonburg & District Senior Citizens Council
United Senior Citizens of Ontario

Besoins des personnes âgées de l'Ontario en matière de consommation

En réponse à un article sur les besoins des personnes âgées en matière de consommation paru dans le numéro d'été 1984 de **Especially For Seniors**, de nombreuses personnes âgées nous ont écrit pour partager avec nous leurs idées, leurs expériences et leurs opinions sur le marché.

Les résultats de ce mini-sondage ont été réunis par le Conseil dans un document intitulé **Consumer Needs of Ontario's Senior Citizens** qui a été distribué à de nombreuses associations de détaillants et de fabricants dans toute la province ainsi qu'aux personnes âgées elles-mêmes et aux organisations de personnes âgées.

Le document a éveillé beaucoup d'intérêt aussi bien parmi les dispensateurs de biens de consommation que parmi les consommateurs eux-mêmes. Le Conseil est reconnaissant à tous ceux qui ont participé à cette discussion intéressante et animée.

Especially For Seniors

Le journal trimestriel intitulé **Especially For Seniors** est distribué gratuitement à tous ceux qui reçoivent la pension de sécurité de la vieillesse constitue un lien très important entre le Conseil et les 850 000 personnes âgées de l'Ontario.

Le journal permet au Conseil d'offrir aux personnes âgées des renseignements et des

Ces rencontres ont permis d'exprimer un grand nombre de suggestions et de recommandations utiles et constructives et le Conseil a décidé que le processus de consultation devait se poursuivre. La recommandation soumise au gouvernement en mars 1985 relativement à un modèle de prestation d'un continuum de soins a été faite à la suite de ces discussions. Les autres recommandations ont été remises en attendant que s'achève le processus de consultation.

Une autre rencontre d'une journée a eu lieu à Ottawa, en mars 1985, avec les représentants du Council on Aging d'Ottawa-Carleton.

Les deux consultations avaient pour objectif de donner aux participants l'occasion:

- 1) d'identifier les grandes questions qui se posent aux organisations en 1985;
- 2) de définir quel rôle le Conseil consultatif de l'Ontario sur l'âge d'or peut jouer pour aider ces organisations à répondre aux questions identifiées.

rôle consultatif auprès de ces maisons. Le Conseil estime que l'élaboration de ces directives constitue un pas en avant vers l'établissement, dans toute la province, des normes les plus élevées au niveau des soins médicaux dispensés aux pensionnaires de maisons de soins infirmiers.

Questions de santé d'intérêt général

En septembre 1984, le Conseil a reçu un mémoire de la Société d'ostéopore du Canada et des hauts fonctionnaires du ministère de la Santé. L'ostéopore est un processus de dégénération des os qui se manifeste chez les hommes et les femmes de tous âges, mais particulièrement chez certaines femmes après 50 ans. Le problème reçoit une attention accrue et les citoyens sont invités à se renseigner auprès des spécialistes, en matière de régime, de médicaments et d'exercice. Le Conseil a suivi de près les discussions publiques sur cette maladie ainsi que le travail du ministère de la Santé, et un article sur le sujet est paru dans le numéro de l'automne 1984 de **Especially For Seniors** pour mettre les personnes âgées au courant de l'état actuel des connaissances sur la question. Le groupe de travail sur la santé du Conseil continuera à suivre les développements dans ce domaine.

Le Conseil a également examiné de près les éléments d'information existants sur les cas de suicide parmi les citoyens du troisième âge. Il va poursuivre son travail dans ce domaine car on continue à penser que le suicide est plus courant chez les personnes âgées que ne l'indiquent les statistiques.

Questions relatives au revenu

Document fédéral sur les allocations aux enfants et aux personnes âgées

En janvier 1985, le ministère fédéral de la Santé et du Bien-être social a publié un document de consultation sur les allocations aux enfants et aux personnes âgées.

Le Conseil a étudié attentivement ce document et communiqué ses commentaires au Secrétaire de la province aux Affaires sociales pour qu'il en soit tenu compte lors de la préparation de la réponse de l'Ontario au gouvernement fédéral.

Le Conseil a fait l'éloge des principes énoncés à cette occasion par le gouvernement fédéral selon lesquels "le principe d'un paiement de base universel imposable est valable et ne

doit pas être remis en cause". L'abandon de l'idée d'une surtaxe sur la pension de sécurité de la vieillesse, qui serait imposée aux personnes âgées qui se trouvent dans la tranche de revenu supérieure, a également été accueilli favorablement par le Conseil, étant donné l'effet perturbateur que cela pourrait avoir sur ceux qui, pendant toutes leurs années de travail, ont contribué à des régimes de retraite privés pour assurer leur retraite.

Au chapitre des changements possibles, le document invitait les commentateurs sur l'exonération en fonction de l'âge et sur la déduction du revenu de retraite qui font actuellement partie de la Loi de l'impôt sur le revenu. Le Conseil estime que tout retour en arrière dans ce domaine devrait s'effectuer avec prudence. L'actuelle exonération en fonction de l'âge est indexée pour aider à compenser l'inflation tandis que la déduction du revenu de retraite est un montant fixe qui est resté constant depuis des années et peut s'avérer inadéquat dans les circonstances actuelles. Ces deux formules de dégrèvement fiscal ont été bénéfiques aux personnes âgées, et particulièrement au groupe de revenu moyen qui constitue une proportion importante des contribuables âgés.

Les personnes que leur revenu se situe dans la tranche inférieure, y compris un grand nombre de celles qui bénéficient du supplément de revenu garanti et de GAINS, sont exonérées de l'impôt et ce sont celles dont le revenu dépasse légèrement le seuil imposable qui bénéficient actuellement le plus de ce type de dégrèvement. Si ces déductions sont réduites ou supprimées, c'est le groupe de revenu moyen qui souffrira le plus et c'est le revenu après impôt que ces personnes se sont constitué soigneusement en réalisant des économies et en adhérant à des régimes de retraite qui sera touché. Les personnes âgées plus à l'aise en bénéficiaient aussi mais les montants limités qui seront alors déductibles sont relativement peu importants par rapport à leur revenu et aux taux d'imposition progressifs.

De nombreuses personnes âgées se sont efforcées d'assurer leur autonomie financière après la retraite et cette indépendance vis-à-vis de l'assistance publique repose sur le maintien de ce type d'exonération et de déduction. Si les règlements sont changés maintenant, cela leur causera des difficultés, particulièrement si leur source actuelle de revenu réel se trouve déjà gravement atteinte par l'inflation depuis qu'elles sont à la retraite. Le Conseil a insisté pour que tous les efforts soient faits afin de conserver le système actuel et d'aider les personnes âgées qui s'efforcent de faire face aux années 1980 et au-delà avec des revenus de retraite prévus en d'autres temps.

On s'attend à ce que le budget fédéral prévu pour le mois de mai 1985 reflète le document de consultation, et le Conseil suivra de près les développements qui s'ensuivront.

Le Secrétaire de la province aux Affaires sociales a indiqué, en août 1984, que la question des soins à long terme prodigués en établissement aux personnes âgées faisait l'objet de discussions actives au niveau ministériel. En mars 1985, le Conseil n'avait pas reçu d'informations supplémentaires sur cette question importante.

Les médicaments et les personnes âgées

Dans le rapport annuel de 1983-1984, le Conseil a eu le plaisir d'indiquer le travail effectué au 31 mars 1984 dans le secteur des médicaments et des personnes âgées. À cette époque, le Conseil avait recommandé au gouvernement que le ministère de la Santé aille encore plus loin et envisage de mettre toutes les personnes âgées au courant des questions contenues dans l'exposé de principe sur les médicaments et les personnes âgées préparé par le Conseil en 1982.

En juin 1984, le Conseil a soumis deux recommandations supplémentaires au gouvernement sur le sujet:

- 1) Étant donné que les bénéficiaires du programme de médicaments gratuits ne se rendent toujours pas vraiment compte des frais croissants qu'il entraîne, on recommandé que chaque médicament dispensé sur ordonnance soit accompagné d'une mention de son coût, soit sur le contenant soit sur un reçu.
- 2) Étant donné qu'un grand nombre de personnes âgées, particulièrement dans les secteurs mal desservis, n'ont pas facilement accès aux points de vente de produits pharmaceutiques à des intervalles de 30 jours ou moins; et afin de réduire le coût de préparation des médicaments prescrits par ordonnance, qui sont disponibles quand il s'agit de petites quantités de remèdes, il est recommandé, relativement au règlement touchant le renouvellement à des intervalles de 30 jours des médicaments qui ne tombent pas sous le coup de la loi, d'envisager d'étendre la période de 30 à 90 jours, à la discrétion du médecin.

Des entretiens ont ensuite eu lieu avec les hauts fonctionnaires du ministère de la Santé et le Conseil est maintenant représenté auprès du comité de liaison du programme de médicaments gratuits dudit ministère avec voix aux débats. Le ministère de la Santé imprime actuellement une carte qui porte la liste des questions contenues dans l'exposé de principe du Conseil; celui-ci a été heureux d'apprendre que cette carte sera distribuée sous peu aux citoyens du troisième âge avec la carte de personne âgée de l'Ontario qui leur permet de bénéficier du programme de médicaments gratuits de la province.

Sécurité des déficients mentaux placés en établissement de soins à long terme

Initiatives en matière de maisons de soins infirmiers

Les membres du Conseil partagent les préoccupations exprimées par beaucoup touchant la sécurité des déficients mentaux placés en établissement de soins à long terme. Il n'est pas facile pour ceux qui dispensent des soins à long terme de maintenir l'équilibre entre la création d'un milieu où ces personnes soient protégées et entourées et la préservation de leur dignité et de leurs droits fondamentaux.

En février 1985, le Conseil a recommandé que soit étudiée la possibilité de doter les pensionnaires déficients mentaux d'un bracelet qui déclencherait un système d'alarme si le porteur franchissait certaines portes.

Les membres du Conseil suivent de près depuis plusieurs années les questions relatives aux maisons de soins infirmiers et aux services qu'elles offrent aux personnes âgées de l'Ontario. C'est donc avec grand intérêt que le Conseil a étudié les initiatives annoncées dans ce secteur en octobre 1984 par le ministère de la Santé. La création d'un comité central et de quatre sous-comités régionaux du conseil des plaintes des pensionnaires des maisons de soins infirmiers a été accueillie favorablement. Environ 29 000 personnes âgées vivent dans des maisons de soins infirmiers et la qualité de la vie qu'elles y mènent est une source de préoccupation pour leur famille et un grand nombre de citoyens. Les conseils des plaintes des pensionnaires des maisons de soins infirmiers sont des groupes consultatifs indépendants et devraient donc constituer une tribune où les conseils de pensionnaires des maisons de soins infirmiers et les pensionnaires eux-mêmes puissent présenter leurs problèmes. Le Conseil appuie les objectifs des comités et encourage les personnes âgées et leur famille à faire usage du processus à leur disposition avec discernement et de façon constructive.

Un conseil de contrôle a également été créé pour examiner la situation de chaque maison de soins infirmiers et vérifier si elle est conforme aux normes en vigueur en matière de structures et d'installations matérielles. Il est essentiel que ces normes soient respectées, et cela de façon constante, mais le Conseil a été heureux de noter que tous les efforts seront faits pour maintenir en place les maisons de soins infirmiers établies dans les collectivités rurales plus petites.

Le rôle des médecins-conseils des maisons de soins infirmiers doit faire l'objet d'un sérieux examen et le ministère de la Santé met actuellement au point des directives relatives ment aux fonctions des médecins qui jouent un

En conséquence, le Conseil a réaffirmé la position qu'il avait adoptée en 1980 et a soumis de nouveau son exposé de principe au gouvernement, auquel il a ajouté la proposition de calendrier suivante pour la mise en place optimale d'un programme de soins dentaires:

1985 Qu'un examen diagnostique annuel soit offert à tous les pensionnaires des maisons de soins infirmiers et des foyers de personnes âgées et, si possible, des bénéficiaires de soins à domicile.

1986 Que toutes les personnes âgées de 65 et 66 ans puissent se prévaloir de services annuels de diagnostic, de prophylaxie et de soins dentaires urgents.

1987 Que les personnes âgées puissent se prévaloir de services de plombage dentaire, d'extraction dentaire, le cas échéant, et d'entretien des dentiers.

1988 Que toutes les personnes âgées puissent se prévaloir de services diagnostiques complets et des soins dispensés en cabinet dentaire.

1989 Que toutes les personnes âgées puissent se prévaloir de services d'évaluation définitive et d'un programme complet de prophylaxie et de soins dentaires.

1990 Que toutes les personnes âgées puissent se prévaloir d'un programme complet de soins dentaires, à l'exception de la chirurgie dentaire esthétique.

1991 Que toutes les personnes âgées puissent se prévaloir de services complets de soins dentaires.

Le Conseil a également recommandé que toutes les personnes qui participent à un régime d'assurance dentaire dans le cadre de leur emploi soient invitées à l'utiliser au maximum avant de prendre leur retraite. Il a aussi déclaré qu'il faut éduquer le public et l'inviter à se soumettre à un examen diagnostique complet et à se faire donner les soins nécessaires avant d'atteindre la tranche d'âge de 55 à 65 ans, et de préférence à partir de 45 ans.

Hôpitaux gériatriques de jour et centres de santé communautaires

À la demande du Secrétaire de la province aux Affaires sociales, le Conseil a été heureux d'étudier deux documents préparés par le ministère de la Santé et de soumettre ses commentaires à leur sujet.

- 1) Qu'il demande un rapport sur les progrès effectués à la suite de la recommandation de 1981; et
- 2) Qu'il souligne l'urgence de la question, laquelle doit se voir accorder un statut prioritaire.

En mars 1981, le Conseil consultatif de l'Ontario sur l'âge d'or a recommandé qu'un groupe de travail soit créé pour étudier les politiques relatives aux soins dispensés aux personnes âgées dans les maisons de soins infirmiers, les foyers pour personnes âgées et les établissements de bienfaisance. En juin 1984, le Conseil a soumis à nouveau au gouvernement la recommandation de 1981 en ajoutant ce qui suit:

Etablissements de soins à long terme

Le document intitulé **The Interim Policy & Guidelines for Geriatric Day Hospitals in Ontario** propose l'établissement, au sein des établissements hospitaliers actuels, d'unités qui offrent, dans la journée, un éventail de services coordonnés de soins de santé aux personnes âgées. Ces unités auraient le soutien des services appropriés de l'hôpital, lesquels seraient utilisés de façon à dispenser aux personnes âgées un éventail de services intégrés correspondant à leurs besoins individuels sans que l'hospitalisation à long terme soit nécessaire. Des programmes intermédiaires sont actuellement en place dans toute la province. Le Conseil espère que ces programmes, dotés du personnel approprié, permettront de répondre aux besoins des personnes âgées tout en maintenant l'équilibre entre les coûts et les avantages offerts, du point de vue tant de l'utilisation des aménagements matériels que du personnel des services de santé. Un autre document, intitulé **The Guidelines and Submission Procedures for the Community Health Centre Program**, présente les conditions du financement et les autres critères d'établissement d'un programme de soins de santé qui serait adjoint à un centre polyvalent chargé d'offrir des services sociaux, récréatifs, juridiques et autres aux collectivités de l'Ontario. Le Conseil estime que de nombreuses personnes âgées pourraient tirer avantage de soins médicaux offerts par le biais des centres communautaires, notamment les personnes fragiles dont les besoins ne sont souvent guère pris en considération par le secteur de la santé. Le Conseil a communiqué son opinion au Secrétaire de la province aux Affaires sociales, à savoir que tous les efforts devraient être faits pour assurer la continuité du personnel dans les centres de santé communautaires, les changements fréquents de personnel étant mal supportés par les personnes âgées.

Activités en 1984-1985

Questions relatives à la santé

Podologie

Depuis la création, en 1981, d'un programme canadien de podologie, sur la recommandation du Conseil, ce dernier continue à suivre de près son développement. Comme l'indiquait le rapport de l'année dernière, le Conseil a insisté auprès du gouvernement pour qu'il continue à étendre le programme de façon à répondre aux besoins qui se font sentir dans l'ensemble de la province. Il est satisfaisant de signaler qu'en septembre 1984, les effectifs du programme de podologie du collège George Brown ont doublé, passant de 18 à 36; le programme de formation d'infirmiers autorisés du collège offrira également à ceux qui le désirent un module sur le soin des pieds. À mesure que les diplômés seront plus nombreux, ils pourront se disperser dans toute la province, et l'on étudie actuellement la possibilité de les placer dans les services de soins à domicile et d'hygiène publique.

Continuum de soins

L'un des objectifs majeurs du Conseil au cours des dix dernières années a été de promouvoir le principe que les personnes âgées sont, de façon générale, prêtes à assumer la responsabilité de leur santé et de leur bien-être et capables de le faire. Ce point de vue est entériné par le fait que seulement 8 % des personnes âgées de l'Ontario vivent en établissement. Pour permettre aux personnes âgées de rester dans la collectivité aussi longtemps que possible et pour favoriser le choix personnel et autonome en matière de soins, le Conseil estime qu'un éventail ou continuum de soins qui comprendrait une évaluation générale et la prestation de services sociaux et médicaux devrait être mis à la portée de tous. À la suite d'une étude approfondie des programmes existants et d'entretiens avec les représentants des organisations de personnes âgées et du gouvernement, le Conseil a transmis les recommandations suivantes au Secrétaire de la province aux Affaires sociales en mars 1985:

i) Qu'un continuum de soins soit offert qui mette l'accent sur la promotion de la santé et la prestation des soins primaires au sein de la collectivité. Cela comprendrait essentiellement:

a) un service public d'information
b) des services d'urgence (régionaux)
c) un système de coordination des services d'évaluation

iii)

- d) des services de soutien à domicile (repas à domicile, aide familiale, aide à domicile, entretien du foyer, visites amicales, service d'escorte, transport, etc.)
 - e) un système de coordination des soins
 - f) un système complet de prestation de soins à domicile aux malades aigus et chroniques, y compris les personnes âgées fragiles et les clients des services psychogériatriques
 - g) un réseau d'hôpitaux et de centres d'accueil de jour qui offrent des programmes complémentaires de loisirs et de promotion de la santé et des programmes sociaux
 - h) un service de coordination des placements
 - i) des services de relève
 - j) des lits offerts à différents niveaux permettant de prodiguer des soins divers
 - k) des systèmes de soutien aux ressources de soins
- Les éléments de soutien sont cruciaux pour le fonctionnement efficace d'un continuum de soins. Pour assurer des services de haute qualité, il est donc nécessaire de veiller à ce qui suit:
- a) il faut dispenser une formation aux bénévoles et aux spécialistes à tous les niveaux;
 - b) il faut prévoir un élément de recherche avec collecte et interprétation des données, déontologie, planification et coordination d'unités de recherche et de développement;
 - c) il faut des fonds adéquats pour financer les éléments ci-dessus, qui tiennent compte de la combinaison des services offerts par les secteurs privé, public et bénévole;
 - d) il faut assurer la défense des droits des bénéficiaires des services;
 - e) il faut offrir des services en français aux personnes âgées francophones.

Besoins des personnes âgées en matière de soins dentaires

En 1980, le Conseil a publié un exposé de principe sur les besoins des personnes âgées de l'Ontario en matière de soins dentaires. Au cours de l'année 1984-1985, la question a été nouvellement étudiée et une consultation a été organisée avec les spécialistes de la santé publique pour partager renseignements et préoccupations sur cet aspect important des soins de santé. Le Conseil a conclu que les besoins des personnes âgées de l'Ontario en matière de soins dentaires n'étaient pas satisfaits et que ce problème exigeait qu'on lui accorde une attention supplémentaire.

qu'elle lui a donné et le soutien qu'elle lui a apporté au cours de ces 10 ans, et en lui transmettant nos meilleurs souhaits pour l'avenir. J'aimerais conclure ce rapport en rappelant ce que j'ai dit au cours du mois qui a suivi mon entrée en fonction: "Tout en convenant que la collectivité et le gouvernement doivent venir en aide de diverses façons aux personnes âgées, nous croyons fermement que ces dernières sont responsables d'elles-mêmes et que l'autonomie au sein de la société à laquelle elles appartiennent leur est une source d'avantages et de satisfactions. Tous les droits et privilèges s'accompagnent de responsabilités, et cela à tout âge."

Je suis présidente depuis trois ans et j'arrive au terme de mon mandat. Ceci est donc mon dernier rapport au nom du Conseil. Je remercie très sincèrement le gouvernement de l'Ontario de m'avoir donné l'occasion d'être utile et tous mes amis et collègues pour leur assistance et leur soutien.

Mes félicitations et mes souhaits à la nouvelle présidente, Mme Ivy St. Lawrence, et aux membres du Conseil.

Frances McHale

Frances McHale
Présidente

Conformément à la procédure établie par le gouvernement de l'Ontario selon laquelle divers organismes, commissions et conseils doivent être soumis à une évaluation périodique, le Conseil consultatif de l'Ontario sur l'âge d'or a fait l'objet d'une réévaluation au 31 mars 1984. En conséquence, le Conseil a été reconduit jusqu'en mars 1987 sans modification de son mandat. Le nombre de ses membres a été réduit de dix-huit à quatorze, en accord avec le programme de restrictions financières de la province.

J'estime que ce rapport constitue une présentation adéquate des questions étudiées, des recommandations faites par le Conseil au gouvernement provincial cette année, de sa participation à diverses rencontres et de ses rapports avec d'autres organismes intéressés à la planification et à la prestation de services et de programmes aux personnes âgées. Je préfère ici ne pas m'étendre sur le contenu du rapport mais évoquer, comme je les envisage, les défis que nous réserve l'avenir.

Nous allons nous trouver devant une situation où davantage de personnes âgées auront besoin d'assistance alors qu'il y aura moins d'enfants adultes pour s'occuper d'elles. On assiste déjà à une augmentation du nombre de familles de cinq générations. Il y a des à présent des personnes de 70 ans qui s'occupent de parents qui en ont 90. Nous sommes à la croisée des chemins entre un système qui dépend étroitement des soins prodigués en établissement et un autre dans lequel les établissements ne constituent qu'un élément particulier d'un ensemble de services. Nous devons promouvoir le droit à l'indépendance aussi longtemps que possible et les moyens de l'assumer.

Il faut davantage de services publics de soins en dehors du foyer, d'hôpitaux et de centres d'accueil de jour, de services de repas à domicile ou de transport vers des lieux de restauration et de services d'appui à la maison. Il ne s'agit pas de décharger la famille de ses responsabilités mais de lui apporter un soutien. L'escalade récente du coût des soins de santé a fait craindre que la société ne soit pas capable de satisfaire la demande croissante d'une population vieillissante. On oublie souvent de mentionner, cependant, que le système officiel de soins de santé ne dispense qu'environ 20 pour cent des soins prodigués aux membres vieillissants de notre société. Les estimations, aussi bien aux États-Unis qu'au Canada, indiquent que 80 pour cent de tous les soins dispensés aux personnes âgées de la société sont fournis par la famille et les amis; on parle parfois à cet égard de système de soins non officiel.

On a reproché au système officiel de trop insister sur la médecine, sur les soins aux malades aigus et sur les soins à long terme en établissement. Les avocats d'un système de soins de santé différent proposent une intervention plus large qui mettrait davantage l'accent sur les soins chroniques et à domicile dans le cadre d'une collaboration souple entre les systèmes de soins officiels et non officiels. Le Conseil plaide avec insistance auprès du gouvernement en faveur d'une prestation plus généralisée de soins à long terme et d'un recours aux services de soutien communautaires pour contribuer à préserver l'indépendance de 92 pour cent des personnes âgées qui vivent dans nos collectivités. Nous devons continuer à encourager la mise en place d'un "continuum de modèles de soins" pour veiller à ce que des services adéquats soient offerts, en réponse aux besoins de toutes les collectivités de l'Ontario.

Il existe beaucoup d'organisations de personnes âgées en Ontario dont chacune propose des programmes et des activités de valeur. Il n'existe pas cependant de tribune ou de groupe qui les rassemble et où il soit possible d'échanger des informations, ni de système régulier de communication. En 1984, le Conseil consultatif a créé un groupe de consultation et l'a chargé de rencontrer les représentants des organisations de personnes âgées de la province. Deux rencontres ont eu lieu en 1985 et d'autres sont prévues plus tard cette année. En outre, la Seconde conférence canadienne sur le vieillissement qui a eu lieu en 1983 et la conférence qui s'est tenue sous le titre "Listen to Me" à Toronto en 1984 ont l'une et l'autre mis à jour un plus grand besoin de communication entre ces organisations et les personnes âgées elles-mêmes.

Il est intéressant de noter qu'il existe dans certaines provinces, outre un conseil consultatif ou un conseil sur le vieillissement dont les membres sont nommés, une association qui regroupe les organisations de personnes âgées. Le groupe de consultation qui a été créé avait pour mandat d'identifier les problèmes et d'étudier les possibilités de communication, de coordination et de collaboration entre les associations de personnes âgées. Le moment est peut-être venu d'examiner les structures qui existent dans les autres provinces et d'inclure les informations recueillies et les recommandations proposées au rapport final du groupe de consultation. En septembre 1984, Elizabeth Szalowski a pris sa retraite. Elle occupait le poste d'administrateur du Conseil depuis la création de celui-ci en avril 1974. Je sais que je me fais le porte-parole des membres et des présidents passés du Conseil en la remerciant pour l'orientation

Mandat du Conseil

Le Conseil consultatif de l'Ontario sur l'âge d'or a été institué le 24 avril 1974 par un arrêté du conseil approuvé par Son Honneur le lieutenant-gouverneur de l'Ontario.

Le mandat du Conseil est le suivant:

- 1) Présenter des recommandations au gouvernement de l'Ontario par l'intermédiaire du Secrétaire de la province aux Affaires sociales pour toutes les questions ayant trait au bien-être des personnes âgées et au phénomène du vieillissement et, sans limiter la généralité de ce qui précède;
 - a) promouvoir plus avant l'élaboration et la création de possibilités d'entraide à la satisfaction et à l'avantage des membres de la société;
 - b) passer en revue les politiques actuelles touchant les personnes âgées et l'économie, notamment l'emploi, la préparation à la retraite, les mesures en matière de santé et de maintien du revenu, les installations et services gouvernementaux et autres, parmi lesquels l'éducation et les programmes portant sur le logement, les soins à long terme et autres services connexes.

Le Conseil remplit son mandat de la façon suivante:

- 1) il tient au moins 4 réunions plénières par an;
- 2) il entretient des rapports avec les organismes qui représentent les personnes âgées ou s'intéressent aux questions qui les préoccupent;
- 3) à la demande du Secrétaire de la province aux Affaires sociales, il ren-contre le personnel des divers minis-tères pour étudier les politiques, les programmes et les rapports courants; il publie une revue trimestrielle intitulée **Especially For Seniors** pour encoura-ger la communication entre les per-sonnes âgées de la province et le Conseil;
- 5) il distribue des exposés de principe et des documents préparés aux fins de discussion.

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Membres du Conseil en 1984-1985

McHale, Frances, Présidente	London
Kingsbury, Elsie, Vice-présidente	Carleton
St. Lawrence, Ivy, Vice-présidente	Toronto
Eaid, Charles	Sault-Sainte-Marie
Kemp, Robert	Scarborough
Lantéigne, Cécile	Kapuskasing
Leschuk, Olga	Toronto
MacOdum, Frances	Brockville
Mackie, Gibson	Scarborough
Mennill, Joe L.	Aylmer
Moriarty, May	Port McNicoll
Seager, Ernest	Stoney Creek
Watson, Bill	Mount Forest
Withrow, John	Toronto
Bureau du Conseil:	700, rue Bay 2 ^e étage Toronto (Ontario) M5G 1Z6
Personnel:	Mary Tate, administrateur Christopher Stewart, adjoint à la recherche
Réunions du Conseil:	26 et 27 juin 1984 18 et 19 septembre 1984 27 et 28 novembre 1984 12 et 13 février 1985 27 et 28 mars 1985
Réunions de consultation:	Toronto, 11 février 1985 Ottawa, 22 mars 1985

Membres du Conseil



Elsie Kingsbury
Carleton
Vice-présidente
En fonction de 1984 à 1985



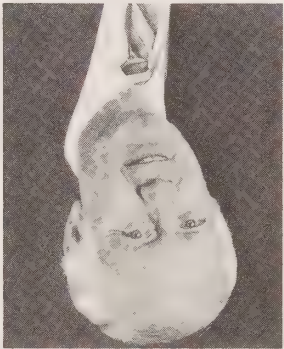
Frances McHale
London
Présidente
En fonction de 1980 à 1985



Ivy St. Lawrence
Toronto
Vice-présidente
En fonction de 1983 à 1985



Charles Eaid
Sault-Sainte-Marie
En fonction de 1984 à 1985



Robert Kemp
Scarborough
En fonction de 1983 à 1985



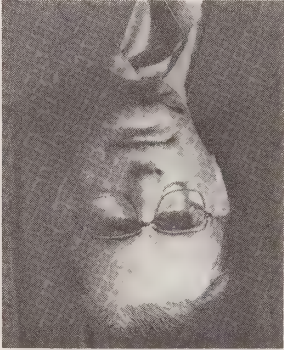
Cécile Lantéigne
Kapuskasing
En fonction de 1979 à 1985



Olga Leschuk
Toronto
En fonction de 1984 à 1985



Frances MacDrum
Brockville
En fonction de 1981 à 1985



Joe L. Mennill
Aylmer
En fonction de 1979 à 1985



May Montary
Port McNeill
En fonction de 1980 à 1985



Ernest Seager
Stoney Creek
En fonction de 1984 à 1985



Bill Watson
Mount Forest
En fonction de 1984 à 1985



John Withrow
Toronto
En fonction de 1979 à 1985

Absent: Gibson Mackie

Scarborough
En fonction
de 1984 à 1985

1984-1985

RAPPORT ANNUEL

Conseil consultatif
de l'Ontario
sur l'âge d'or



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The Ontario Advisory Council On Senior Citizens



12th ANNUAL REPORT 1985-1986

**The Twelfth Annual Report
of
The Ontario Advisory Council
on
Senior Citizens**



**For the twelve month period
ending
March 31, 1986**



Advisory Council
on Senior Citizens



Honourable Ron Van Horne
Minister for Senior Citizens' Affairs
Queen's Park, Toronto

Dear Mr. Van Horne:

I am pleased to present to you the twelfth Annual Report of the Ontario Advisory Council on Senior Citizens for the twelve month period ended March 31, 1986.

Yours sincerely,

A handwritten signature in cursive script that reads "Ivy St. Lawrence". The signature is fluid and elegant, with a long, sweeping underline.

Ivy St. Lawrence
Chairman

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Chairman's Remarks

This is the first opportunity I have had to report on behalf of the Ontario Advisory Council on Senior Citizens since my appointment as Chairman a year ago. It has been a busy and challenging year for Council, made especially so by the change of government in 1985 and the appointment of the Honourable Ron Van Horne as Minister for Senior Citizens' Affairs. Formerly Council reported to government through the Provincial Secretary for Social Development — a position which was abolished when the new government took over. Council now forwards directly to the Honourable Ron Van Horne its reports and recommendations, which are passed on by him, whenever appropriate, to other ministries for study and possible action.

The following pages contain an outline of the work done by Council during the 1985-86 year, and it is not necessary for me to further elaborate on this in these remarks. Instead, I would like to mention some of the issues to which Council will be devoting its attention in the coming year.

Our first task is the completion for the Minister's consideration of a Statement of Rights and Responsibilities for Residents in Long-Term Care Facilities. When persons enter such facilities, many of their rights are lost to them. This Statement will endeavour to ensure those rights are preserved for them whenever possible, given the state of their mental and physical health. Concomitant with rights must go responsibilities and these, also, will be included in the Statement.

The next issue we intend to address is that of transportation. Adequate transportation plays a key role in the well-being of seniors. There are many transportation-poor areas across Ontario, and Council wants to see what can be done to ameliorate the situation wherever possible. Council will be following up the results of a survey of transportation needs carried out through *Especially For Seniors*. Many responses have been received and the material will be considered, together with information gathered at a public consultation meeting to be

held in conjunction with the Ontario Advisory Council on the Physically Handicapped during the summer of 1986. Transportation affects the lives of all citizens and Council feels it is timely to find solutions to some of the problems we know exist.

Housing will be another of our concerns in 1986-87. We will be looking into various alternatives in housing for seniors and will focus especially on innovative forms of housing which will delay or eliminate the necessity of institutionalization. Council has always felt strongly that, unless there is no other possible alternative, the place for seniors is in their own homes, in their own communities, and with their own friends and neighbours. We will continue working toward this goal.

Sometime in the fall of this year several members of Council will be making a regional visit to Northern Ontario. Council's purpose in holding such meetings is to learn about services for seniors and the achievements, problems and concerns of service providers, and to encourage public participation. Council is ever mindful that it represents all parts of Ontario and that the viewpoints of all regions must be taken into consideration.

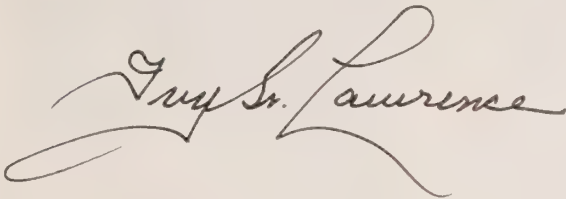
Plans are underway to expand the number of pages in our quarterly newspaper, *Especially For Seniors*. Not only will this allow us to include more information for our more than 900,000 readers, but we hope to provide more material for our Franco-Ontarian readers in each issue.

These are some of Council's plans for the coming year. We maintain enough flexibility that we are prepared to undertake other important and immediate items as they arise, so it is quite likely that there will be other concerns with which we will deal. However, the main preoccupation in all our endeavours will be the maintenance and improvement of the quality of life for the senior citizens of Ontario.

My personal thanks to our Council members who have cheerfully expended extra time and effort this year to meet the Minister's request for

information as expeditiously as possible. Also, a special word of appreciation is due to Executive Officer Mrs. Mary Tate and her staff, whom we share with the Ontario Advisory Council on the Physically Handicapped. They have worked skillfully and diligently to fulfill Council's every request, and we are grateful.

Sincerely yours,

A handwritten signature in cursive script that reads "Ivy St. Lawrence". The signature is fluid and elegant, with a large initial 'I' and a long, sweeping underline.

Ivy St. Lawrence
Chairman

Council's Mandate

The Ontario Advisory Council on Senior Citizens was established on April 24, 1974 by an Order-in-Council approved by Her Honour the Lieutenant Governor of Ontario.

The Mandate of Council is:

- (1) To advise the Government of Ontario through the Minister for Senior Citizens' Affairs on matters pertaining to the well-being of the aged and aging persons, and without limiting the generality of the foregoing:
 - (a) To further promote the development and creation of opportunities for self-help for the aged, to their satisfaction and advantage as members of society as a whole;
 - (b) to review current policies which have a bearing on aging and the economy, involving employment, preparation for retirement, income maintenance and health measures, services and facilities of government and otherwise, including education, programs on housing, long term care, and other related services;
 - (c) to respond to requests from the Minister for Senior Citizens' Affairs for advice and consideration on matters relating to senior citizens.

Council fulfills its mandate by: —

- (1) holding at least 4 full Council meetings a year;
- (2) receiving presentations from and consulting with individuals and organizations which represent seniors or are addressing matters of concern to seniors;
- (3) meeting with staff in various Ministries to review current policies and programs;
- (4) publishing a quarterly newspaper, **ESPECIALLY FOR SENIORS**, encouraging communication between seniors in the province and Council;
- (5) preparing and distributing position and discussion papers.

In this way Council seeks to identify the major issues concerning seniors. Through the work of committees, Council develops recommendations which are forwarded to the Minister for Senior Citizens' Affairs to share with his colleagues in government.

Council is not a funding body, does not undertake case management, and is not involved in the delivery of programs. The provision of funding, research, and program delivery remain the responsibility of the Government, to which Council offers its advice.

Council is very grateful to the many individuals and organizations who have written to or met with Council to share information or express concerns. This communication is invaluable to Council, as it ensures that the advice we offer to government is relevant to the over 900,000 seniors we serve in Ontario.

Council also acknowledges with thanks the support provided and program information shared by staff in ministries of the Government of Ontario.

Council Office: Suite 203
700 Bay Street
Toronto, Ontario
M5G 1Z6

Senior Staff: Mary Tate, Executive
Officer
Chris Stewart, Research
Assistant
Allan Moore, Research
Assistant

Membership of Council 1985-86



Mrs. Ivy St. Lawrence, Toronto (Chairman)

Mrs. St. Lawrence served for a number of years as the Executive Director of the Canadian Home and School and Parent-Teacher Federation at a time of rapid growth. She is currently involved in the field of aging as Immediate Past Chairman of the Toronto Mayor's Committee on Aging, Senior Advisor of the Senior Talent Bank Association of Ontario; sits on the Ontario Board of Regents, Chiropody/Podiatry; and is the Charter Past President and Honorary Director of Summer Rendezvous for Seniors at Harbourfront. Mrs. St. Lawrence is a recipient of the Ontario Bicentennial Medal and the City of Toronto's Award of Merit.

**Dr. C. Eaid, Sault Ste. Marie
(Vice-Chairman)**

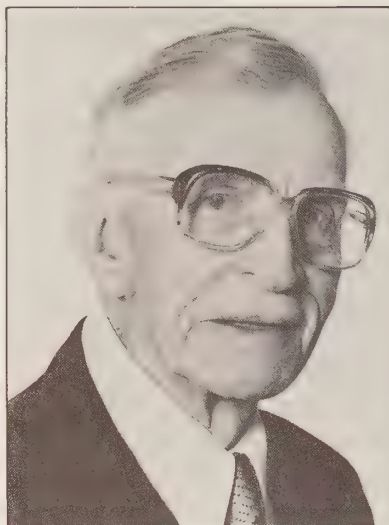
Dr. Eaid is a physician who has written several medical articles regarding geriatrics and is the physician of record at the F.J. Davey Home for the Aged. He is active in the community and has been involved in many worthwhile projects such as President of the United Way; President of the Historical Society; Member of the Algoma Health Unit; and was Past Chief of Staff of the Plummer Memorial Public Hospital.



**Mrs. Elsie Kingsbury, Carleton
(Vice-Chairman)**

Mrs. Kingsbury brings a broad interest about seniors to the Council. She owned and operated a nursing home in the past, and has been active in her community through her involvement with the Cancer Society, the Heart Fund, Horticultural Society and a Church Board.





Dr. Edgar Bailey, Cambridge

Dr. Bailey is a retired Baptist Minister; was, at one time, President of the Baptist World Alliance. He saw wartime service in World War II and was Chairman, Chaplaincy Committee, Canadian Armed Forces for the Canadian Council of Churches. He was President of the Edmonton Kiwanis Club and recently received the Legion of Honour from Kiwanis International for over 30 years of service. Dr. Bailey is a member of the Senior Citizens Needs Advisory Committee, Waterloo Region; he is also Chairman of three committees at the Fairview Centre.

Ms. Lynda Ciaschini, Toronto

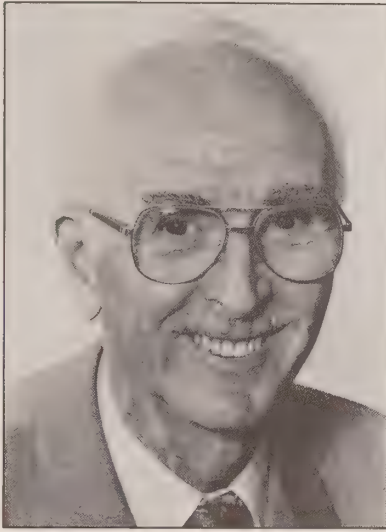
Ms. Ciaschini, a lawyer, is currently a member of the Board of Governors of Humber Memorial Hospital. She is also a member of the Villa Columbo, and other Italian-Canadian Associations. Ms. Ciaschini has a background in community work, having supervised the Toronto Community Legal Clinic from 1976 to 1979.



Mrs. P.J. (Joanne) Fillimore, Leamington

Recently retired as Executive Director of South Essex Community Council, Mrs. Fillimore serves also on the Board of Directors of United Way, Windsor-Essex County and the South Essex Arts Association. She is also a member of the United Church's London Conference Committee on Ministry to Older Persons and the Leamington Cable T.V. Advisory Committee.



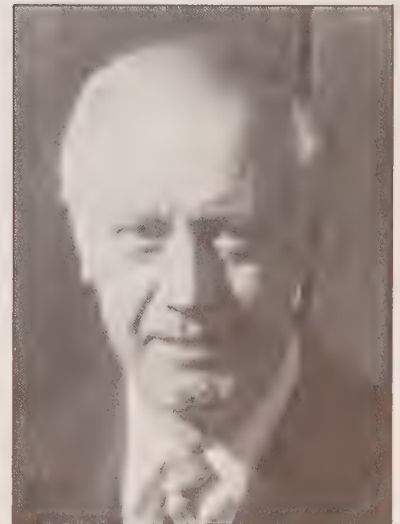


Mr. Herbert (Bert) Hanmer, Ottawa

Mr. Hanmer retired as National Director of the Services Bureau, Canadian Legion; is a member, Committee on Aging, Ottawa-Carleton; member, Seniors Council, Ottawa-Carleton; Executive Member of the United Senior Citizens of Ontario; member, National Advisory Committee on Fitness in the Third Age, and a member, Canadian Institute of Religion and Gerontology, Ottawa Chapter.

Mr. Robert D. Kemp, Scarborough

Mr. Kemp was the Administrator of St. Paul's L'Amoreaux Centre — a multicomplex, multipurpose facility for senior citizens. He was formerly the Executive Director of Woodgreen Community Centre in Toronto. Prior to that he was Regional Director the Toronto Y.M.C.A. He is also Past President of the Older Adult Centres Association of Ontario (O.A.C.A.O.).



Madame Yvonne LeBel, Kirkland Lake

A retired teacher, Mme LeBel was active in the local teacher's association and P.T.A. She was provincial President of L'Association des Enseignants Francophones de l'Ontario, and a member of the Board of Governors of Ontario Teachers' Federation for five years. Mme LeBel served on a committee of the Canadian Teachers' Federation and, since her retirement, has become the first President of a new French Senior Citizens Club in Kirkland Lake and President of the organizing committee of the northern region of the Federation des Aînes Francophones de l'Ontario.

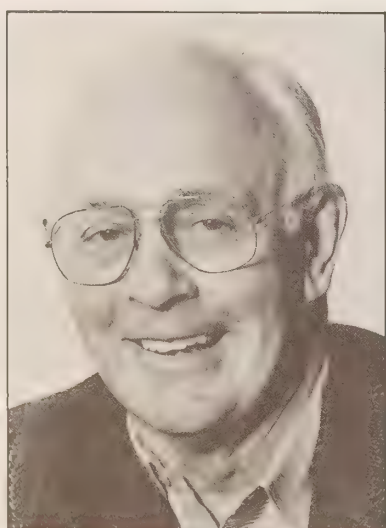


Mrs. Olga Leschuk, Toronto

Mrs. Leschuk has participated in a volunteer capacity at the Lambert Lodge for Senior Citizens and as a social worker for Ukrainian Canadian Welfare Services Inc. Mrs. Leschuk is active in the Canadian Cancer Society, the Church and the Ukrainian National Federation (seniors and children's Programs).

Mrs. Frances MacOdrum, Brockville

Mrs. MacOdrum has an M.A. in chemistry from the University of Western Ontario and taught school in Saint John, New Brunswick. She was an Alderman in Brockville from 1961 to 1974, and has been on the executive of several community organizations. She is also the Past Chairman of the Board of Management of St. Lawrence Lodge, Home for the Aged, in Brockville.



Mr. Edward Montague, Jarvis

Mr. Montague has a wealth of experience in the care and needs of seniors through his fifteen years as Administrator at Grandview Lodge in Dunnville, Ontario. Mr. Montague has also served as Chairman of various farm and church organizations in his community and served as Reeve for the Township of Walpole for eight years.

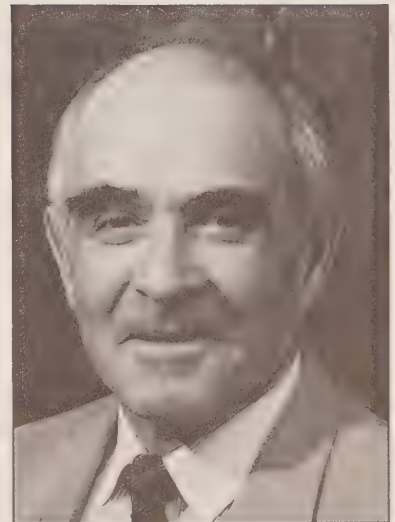


Mr. Ernest Seager, Stoney Creek

A Past President and Director of the Ontario Parks Association and a member of the Hamilton Wentworth Regional Conservation Authority Advisory Board, Mr. Seager recently retired from the Hamilton Parks and Recreation Department. He is an active member of the Stoney Creek Over-60 Club.

Mr. Bill Watson, Mount Forest

Mr. Watson has served with the Federation of Agriculture in a number of roles. He is an active member of the Royal Canadian Legion and has assisted on a local level with senior citizens' concerns. The shortage of nursing home beds, and the lack of chronic care facilities for the elderly in rural areas are matters of significance to him.



Activities and Achievements 1985-86

The appointment in June, 1985 of a Minister Responsible for Senior Citizens' Affairs, to whom this Council would report, was seen as a very positive step by many individuals and organizations concerned with seniors' issues. Council met with Honourable Ron Van Horne shortly after he assumed his responsibilities and has been kept informed of the progress of the major review of policies and programs affecting seniors that he has undertaken since taking office.

In conjunction with this review, the Minister requested Council's advice on a number of important topics. Prior to March 31, 1986, Council responded by preparing reports on Elder Abuse, Alzheimer's Disease and submitting comments on the question, "How can seniors be encouraged to take preventive measures and assume a healthy lifestyle?" Work continues on preparing responses to other questions raised by the Minister.

In order to ensure that our responses reflected the ideas and concerns of seniors and of professional organizations working in the field, members of Council talked to many people in their communities, and visited facilities such as Baycrest Centre for Geriatric Care in Toronto and Greenacres Home for the Aged, Newmarket. Council also met with a wide range of health care specialists in hospitals, universities, long-term care facilities and the community as well as Government. The willingness with which people responded to our questions, and the support and enthusiasm evidenced for our work was most encouraging. Copies of the subsequent reports have been shared with those who participated, but the following brief summaries may be of interest.

Elder Abuse

Elder Abuse is not a new phenomenon, yet there is little information on the extent to which it exists in Ontario, even after the findings of a study prepared for the Standing Committee on Social Development were released in 1985.

Elder Abuse can occur in rural, suburban and urban areas, and in all economic groups. Studies indicate the majority of abused clients are women eighty years of age or older, while the majority of abusers are family members who

are influenced by alcoholism, psychiatric problems, or by the advanced age of the abused; and who are often loved and trusted by the abused.

Abuse can be categorized into physical abuse, neglect, financial exploitation, psychological/sociological abuse through the provoking of fear and humiliation, violation of rights, and the allowing of self-neglect, brought on by the attitudes and behaviour of relatives and caregivers. There may also be some overlapping among these categories.

Although abuse occurs both in institutions and in the community, there is not much documentation on cases in either setting. Frequently the abused in institutions do not report incidents to the authorities, because of fear of reprisal, actual over-medication or the inability to articulate the situation. Professionals and non-professionals working with seniors in the community and institutions may not recognize the abuse, and frequently lack support to resolve a family or institutional situation.

The following methods of intervention have been identified in helping deter abuse: prevention aimed at the roots of family violence; public discussion and education to make people aware that abuse of the elderly does occur; the development of a protection system that provides staff trained to recognize signs of abuse; adequate counselling and support services for families and victims; protective legislation such as guardianship for vulnerable seniors who need temporary involuntary intervention; appropriately equipped emergency shelters; mandatory reporting legislation and a register of identified abusers.

The following Recommendations were submitted to the Minister Responsible for Senior Citizens' Affairs by Council:

- That the Ontario Government encourage local community service providers, using staff similar to Adult Protective Service Workers, to develop a more effective and co-ordinated protective service system for those abused and those frail and cognitively impaired seniors who are at risk, providing funding for pilot projects.

- That immediate, temporary shelter for abused seniors be identified by the provincial government in as many communities as possible across the province, with the necessary funds to maintain such beds being provided.
- That the Provincial Standing Committee on Social Development continue to gather information on elder abuse, with consideration being given to further research to widen the existing data base. In this respect, research related submissions from community based organizations across the province, working with senior clients, should be encouraged.
- That those conducting research on this issue develop a common definition of elder abuse.
- That the Provincial Standing Committee on Social Development hold public hearings on the issue of Elder Abuse, inviting submissions and presentations in a manner similar to the Hearings on Child Abuse and Battered Women.
- That the Provincial Government give priority to establishing on a province-wide basis, a reporting and follow-up mechanism for cases of suspected elder abuse. Existing resources could be used, such as screening seniors on admission to hospitals, particularly to emergency departments, and the reporting of observations from family agencies.
- That mandatory reporting legislation be enacted requiring the reporting of suspected cases of elder abuse to a province-wide agency, such as the local police or district health councils as may be designated.
- A register of identified abusers of elderly persons should be maintained in a manner similar to that for child abuse.
- That elder abuse victims and their families be encouraged to seek help from public health nurses, social workers, local police, family services associations, and community information centres.
- That the community be educated to the special needs of the elderly at risk. The voluntary sector, particularly service groups in rural Ontario, may be willing to assist in making information available.

- That staff in care facilities be trained to recognize symptoms of abuse in the older clients and counselling be provided for staff working with high risk clients in the community and institutions.
- That protective legislation be put in place to provide guardianship of the person as well as of property.
- That the Minister for Senior Citizens' Affairs convey the concern of the Government of Ontario regarding elder abuse to Deans of Medical Schools, Nursing, Social Work and Humanities, as well as Principals of Community Colleges and the education committees of professional associations, including police forces and those responsible for continuing education programs in the caring professions; and that the Minister indicate the need to include in curriculae specific training in the detection, treatment and development of appropriate response mechanisms to elder abuse.

Alzheimer's Disease

A progressive, degenerative neurological disease, that is estimated to affect up to 60,000 people in Ontario, Alzheimer's Disease is not easily diagnosed and is highly idiosyncratic.

The following possible causes of Alzheimer's Disease are currently under investigation: —

- viral or environmental agents
- excessive accumulations of aluminum or other toxins
- a genetic defect or predisposition
- age-related change in the immune system

Memory, orientation, intellectual function, concentration and judgment become increasingly impaired as the disease progresses through four discernably different stages and the needs of the patient, the family and the caregivers vary accordingly.

The report submitted to the Minister set out these needs in detail, reviewed some existing programs and resources and also provided an annotated bibliography.

Through the preliminary consultation process and the ultimate preparation of the report, Council became very sensitive to the tragic

impact of Alzheimer's Disease on the lives of many Ontario seniors and their families. We also became very aware of the courage and fortitude of those directly involved in providing care, both at home and in long-term care facilities. In an endeavour to meet the needs we perceived, the following recommendations were submitted to the Minister:

- Reliable affordable day care, ideally having a therapeutic content, should be provided along with allied homecare assistance programs, in as many communities as possible. Existing agencies could be used to promote and administer smaller projects in outlying areas; additional provincial government resources will be required in this respect.
- *Co-ordinated* home care and home support services should be increased, to support the family in caring for Alzheimer patients at home. These services should include the provision of family counselling.
- The fee structure for Homes For the Aged and Nursing Homes requires overhauling, in order to recognize the different levels of nursing care required by clients, particularly Alzheimer patients, and to improve accountability.
- All institutions providing long term care for Alzheimer's patients, whether public or private sector, should be required to provide an established minimum ratio of nurses and nursing aides to patients.
- All private sector long term care institutions should be required to retain and make available to patients, their families and the staff, the counselling services of a professional social worker for not less than 24 hours per week per institution.
- District Health Councils should be asked to develop, with community agencies and workers, a model for monitoring projected availability of long term care beds and identified Alzheimer patients moving through the stages of their disease. The objective would be to facilitate speedy and appropriate placement when required, thus avoiding penalizing families who maintain the patient at home for as long as possible.
- In-service training programs for all staff in long term care institutions should be required and the delivery of such programs should be monitored.
- The Ontario Medical Association and the College of Family Physicians of Canada should be asked to develop continuing education programs in gerontology and geriatrics, publishing as much literature as possible for their membership.
- Means of providing outlying areas of the province with access to geriatric assessment teams are required. A schedule of consultations in Elderly Persons Centres, hospitals or Homes for the Aged would be one means of achieving this, using a small team of geriatricians and professionals from major teaching centres. As a useful learning experience, a limited number of health care students could be included on the team.
- Improved diagnostic and assessment tools should be developed for use by physicians and other health care staff outside major cities, to include functional abilities as well as verbal, cognitive and neurological factors.
- A model for community related agencies to use in developing good volunteer training programs and implementing co-ordinated volunteer-resourced respite care programs, should be designed by the Ministry of Community and Social Services and made available to those seeking funding to establish respite daycare programs.
- Agencies and service providers using volunteers to resource programs, should be allowed to build into their budgets an amount to provide transportation and support costs for their volunteers.
- Volunteers providing transportation for clients should be paid a fixed amount per kilometer for distance driven.
- The Government of Ontario should proceed as quickly as possible to implement protective legislation to provide guardianship of the person as well as of property.
- The Ministry of the Attorney General should be asked to make available to all levels of police throughout the province, specific information about Alzheimer's Disease. This

should include a clear description of the confused stage of the illness when patients are inclined to wander and may come into police care.

- The Government of Ontario should approach service clubs and, in particular, the Women's Institute which has province-wide representation in rural Ontario, to encourage these groups to work with the Alzheimer's Society in holding public meetings and providing information about Alzheimer's Disease.
- Alzheimer Societies should be encouraged to continue their excellent programs to disseminate information, at low cost to purchasers. Additional government funding to enable the material to be made available in languages other than English and French, should be provided at both the federal and provincial levels.
- Co-ordination of research to provide substantive data based on Canadian experience should be sought through Health and Welfare Canada, to include all provincial jurisdictions.
- In co-operation with private foundations, medical institutions and public benefactors, research should be directed toward diagnostic techniques, nursing care, family stress in caring for members suffering from Alzheimer's disease and the development of models in home support programs applicable in areas outside major teaching centres.
- The Ministry of Health should be encouraged to make available information on the Ministry's experience in the design and engineering of long term care facilities oriented toward accommodation for Alzheimer patients; this information would be of assistance to smaller communities contemplating project development.

Health and Well-being

Council gave a good deal of thought to the question raised by the Minister as to how seniors can be encouraged to take preventive measures and assume healthy lifestyles. Council remains concerned that seniors can and should accept responsibility for themselves to the fullest extent

possible. Council also believes, however, that as members of society as a whole, we should all accept responsibility for ensuring that we adopt a healthy lifestyle that would enable us to remain independent for as long as possible. As citizens of Ontario, we all benefit from health care services, whether aged 2 or 102 and becoming a senior at 65 should not mean one is viewed, necessarily or automatically, as a problem or concern of the health care system.

There are over 860,000 senior citizens living in Ontario. Many of them, we know, are what have been referred to as "H.A.V's", that is they are healthy, active and vigorous. Unfortunately, others are definitely "H.A.V.N.O.T's" with life styles that are unhealthy, inactive and lacking vigor.

Population projections based on the 1971 and 1981 Census and 1983 projections by Statistics Canada indicate that by 1991, of 9,471,000 Ontario residents, 1,189,200 (12.6%) will be men and women 65 years of age or older. Of that number some 245,300, or 20.6%, will be 80 or older; and by 2001 those over 80 years of age will represent almost 24% of the 65 and older group. We know that the incidence of ill health increases with age, which creates serious concerns about future health care costs. Council believes these concerns should focus the attention of everyone, from senior government to individual citizens, on the need to consider ways and means of preventing illness and staying healthy.

Current estimated health care costs for Ontario's seniors amount to approximately \$3.39 billion. It is doubtful whether even 2% of that amount is being spent on health promotion. However, it is Council's view that if the costs of health care in the province are to be stabilized, something has to happen to persuade people to use existing information and resources and adopt a healthy lifestyle, long before they reach 65, which will prevent the high health costs of Ontario from destroying its wealth.

The Ontario Advisory Council on Senior Citizens has always promoted the view that seniors should be encouraged to accept responsibility for themselves to the fullest extent possible. This includes accepting responsibility

for a lifestyle affecting one's own health; and one should not wait until retirement to start thinking this way. However, we feel strongly that although seniors can benefit from special programs designed to promote healthy lifestyles, health promotion strategies should:

- (a) be directed at the entire population;
- (b) should begin well before retirement; and
- (c) should be presented in a manner that is relevant to today's seniors.

Council members recommend health promotion should encompass the following:

- Education demonstrating ways and means of illness prevention. This would include information about foot, skin, dental, hearing and vision care, suicide prevention and mental health.
- Nutrition.
- Exercise and activities.
- Wise use of medications, and alcohol.
- Encouragement to become socially active as volunteers, and participate in one's community.

All of the above issues need to be addressed from the position that good health is a normal goal for everyone, and we all have a responsibility to avoid ill health; that individual well-being is a valid objective in the eyes of society. This represents a major change in society's attitude which requires an improved approach to health education, beginning at the elementary school level.

To a large extent the current "medical model" in health promotion works against this objective. Physicians and other health professionals are trained to cure illness. This presents great problems for many of them in working with seniors, for whose illnesses cure is not always possible but who often require instead health management counselling. Well-being clinics exist, but are not readily available across the province. Clinicians do not have the option to specialize in this aspect of medicine, and the fee structure to recompense those that wish to use such an approach to medicine would have to be restructured completely. However, the cost implications of such changes could well be offset by the long-term gains to society in funding well-being.

Council offered the Minister suggestions and

recommendations regarding health promotion strategies and indicated that information needs to be made available where seniors live and where they socialize. We also suggested that good marketing, or the old "snake-oil" approach, using humour and practical ideas, would help promote the concept that the personal choice of a healthy lifestyle is the way to active independence in society.

Health promotion does not need to be expensive; it does need to be positive and imaginative. Preventive measures such as the following are within the scope of everyone:

- regular checkups with the doctor for persons of all ages
- regular checkups with the dentist, (particularly prior to retirement, when some people are insured in dental plans)
- discrimination and good sense in the use of prescribed or over-the-counter medications
- physical activity appropriate to one's age and physical limitations
- intellectual and volunteer activity to stimulate and enhance one's life
- good vision care with regular checks
- regular hearing checks
- regular foot care
- creating a safe living environment to minimize falls and accidents

A healthy lifestyle is a happier lifestyle. Society as a whole must accept responsibility for making it desirable.

Among many recommendations, Council touched on the need to provide good pre-retirement counselling on well-being at 40 to 45, not 64 years of age. Reference was also made to the needs of rural families in this respect. The following recommendations were also submitted:

- Locally-based health care professionals should be encouraged to hold public information sessions about medications on a regular basis, with seniors and others in the community being encouraged to bring their medications along for review.
- Public health, St. Elizabeth and V.O.N. staff providing home care services should be encouraged to discuss the use of medications with both patients and caregivers.

Other Activities

- The promotion of good health and training in all aspects of achieving well-being starts in the elementary school system. The Ministry of Education and School Boards should be encouraged to renew and update health programs every year to ensure courses are relevant and are presented appropriately.
- Appropriate information about the prevention of osteoporosis should be distributed as widely as possible in Ontario secondary schools.
- Increasing the numbers and availability of registered dietitians would be particularly helpful to seniors, many of whom require practical dietary and nutritional counselling that physicians are often unable to provide.
- The services of qualified and registered dietitians should be available to seniors as a benefit under OHIP.
- The provision of licensed and supervised health care and well-being clinics could be achieved by the use of mobile teams of professionals and appropriately trained paramedical staff visiting Elderly Persons Centres, Senior Centres or Community Centres on a regular basis.
- Everyone needs to be encouraged to extend their knowledge of their own health, and to become aware of ways of protecting their health using existing resources in the community. Many communities need a health promotion advocate to persuade the residents to utilize existing resources.

Income Related Issues

Council shared the feelings expressed so well by seniors when, in June 1985, it appeared that the Federal Government was considering de-indexation of the Old Age Security Pension.

The Chairman of Council wrote to the Premier of Ontario to advise him that such an action would have a very negative impact on the lives of senior citizens, especially on those with lower retirement incomes. Honourable David Peterson was asked to convey this concern to the Federal Government.

While the proposal was ultimately dropped by the Federal Government, a very encouraging result of the process by which seniors conveyed their opinions to the government was the formation of various coalitions of seniors' organizations at the local, provincial and federal levels. The exchange of views and information that results when organizations establish such communication links can benefit all seniors.

In July 1985 Council wrote to Dr. Bruce Halliday, Chairman of the Federal Standing Committee on Health, Welfare and Social Affairs, welcoming the legislation expanding the basis of eligibility for the spouses allowance to cover needy widows and widowers not previously eligible. However, Council indicated support for the inclusion of all persons, married, single and divorced between the age of 60 and 64 and in need of assistance. Divorced and separated persons, and those who never married, were not able to qualify under the legislation as announced. Council will continue to monitor this situation.

Bell Canada has applied to the Canadian Radio-television and Telecommunications Commission for permission to adjust the "imbalance" in rates charged consumers for local service and long distance calls.

The Consumers' Association of Canada has stated the opposition of its members to rate rebalancing and to the proposed Local Measured Service and Council shares many of these concerns. The fear of high telephone bills would be a real deterrent to many seniors, who depend on the telephone for vital links with family, service providers and their community.

An article bringing the matter to the attention of all seniors was therefore included in the Spring 1986 edition of **Especially for Seniors**, the quarterly publication of Council.

Housing

Members of Council reviewed the policies of the Ontario Housing Corporation with respect to the design and provision of accommodation for seniors. Council agreed with the views expressed by the Ontario Advisory Council on the Physically Handicapped and requested the Minister for Senior Citizens' Affairs to advise his colleague the Minister of Housing of Council's concerns, as follows.

Council feels that multi-storey walk-up style housing is an entirely inappropriate style of accommodation to be built under the auspices of an agency of the Ontario Government. Council would like Ontario Housing Corporation to reconsider and change its practices of encouraging the construction of such housing, also to initiate planning to retro-fit existing two and three storey walk-ups with elevators.

A range of housing options is desirable, but the availability of housing that is accessible to anyone with a physical disability is very important both in rural and urban communities.

Health Issues

In preparing advice for the Minister for Senior Citizens' Affairs, Council received excellent presentations on Alzheimer's Disease, Vision Care, Osteoporosis and Pre-retirement Counselling. In January 1986 Council was pleased to hear from the Minister and his senior staff about spending plans of \$11 million to maintain and expand community services for the elderly, and \$60 million to be spent over the next few years to introduce Integrated Homemaker Programs across the province for frail seniors and physically disabled adults. Included in the spending on community support services will be \$1 million for special demonstration projects for individuals suffering from Alzheimer's Disease. Council was particularly pleased to be consulted by staff in the Ministry of Community and Social Services

regarding the drafting of criteria for such projects, which are badly needed.

Information regarding Vision Care was included in the Spring 1986 edition of *Especially For Seniors* and Council also recommended to the Minister that travelling eye clinics would be very helpful, particularly to those living in remote areas of the province.

The announcement by the Minister of Health of a program to reimburse northern residents for necessary travel in connection with health problems was welcomed by Council. The program is expected to be very helpful to seniors who need specialist services not always available in all communities.

In 1984 Council had suggested that consideration be given to providing a bracelet to mentally confused patients, which would trigger an alarm system if the wearer went through any prohibited doors. Council was pleased to learn since then that the Nursing Home Branch of the Ministry of Health is looking at similar devices. We are also encouraged to learn that the Ministry of Community and Social Services will be issuing new guidelines on the use of restraints for residents in Homes for the Aged.

Conferences and Committees

During 1985/86 Council was represented at the following Conferences and Meetings:

"A New Age: Challenges and Opportunities"
Seniors Conference of the Provincial
Secretariat for Social Development

Armour Heights Community Centre Annual
Meeting

Canadian Association of Gerontology Annual
Meeting and Conference

Canadian Institute of Religion and Gerontology
Annual Meeting

Canadian Pensioners' Concerned, Ontario
Division Annual Meeting and the National
Annual Meeting

Ontario Association of Residents' Councils
Annual Meeting

Ontario Gerontology Association Annual
Conference

Ontario Hospital Association Conference "Meet
the Critics".

Victorian Order of Nurses Annual Meeting

"Voices for Choices" Home Support
Conference

United Senior Citizens of Ontario Annual
Conference

International Chiefs of Police Association
Annual Meeting

Older Adult Centres Association of Ontario
Annual Conference

Chinese Golden Age Seniors Society

Council Members assisted the following committees:

1. Attorney General's Advisory Committee on Substitute Decision Making for Mentally Incapable Persons.
2. Board of Regents — Chiropody
3. Canadian Advertising Standards Council Advisory Committee
4. Canadian Standards Association/International Standards Organizations — Child Resistant Packaging Committees.
5. Statistics Canada Census 1986 Advisory Committee.

Notes

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Conférences et comités

Au cours de l'année 1985-1986, le conseil a été représenté lors des conférences et rencontres suivantes :

"A New Age: Challenges and Opportunities" Conférence sur les personnes âgées du Secrétariat provincial pour le développement social.

Armour Heights Community Centre — Assemblée générale.

Association canadienne de gériatologie — Conférence et assemblée générale.

Association internationale des chefs de police — Assemblée générale.

Chinese Golden Age Seniors Society. Institut canadien de religion et gériatologie — Assemblée générale.

Older Adult Centres Association of Ontario — Conférence annuelle.

Ontario Association of Residents' Councils — Assemblée générale.

Ontario Gerontology Association — Conférence annuelle.

Ontario Hospital Association — Conférence : "Meet the Critics".

Ordre des infirmières Victoria (V.O.N.) — Assemblée générale.

Préoccupations des retraités au Canada, Division de l'Ontario — Assemblée générale et réunion annuelle nationale.

"Voices for Choices" Home Support Conference (Conférence sur le soutien à domicile).

United Senior Citizens of Ontario — Conférence annuelle.

Les membres du conseil ont secondé les comités suivants :

1. Association canadienne de normalisation/Organisation des normes internationales — Comités d'étude des emballages à l'épreuve des enfants.
2. Attorney General's Advisory Committee on Substituted Decision Making for Mentally Incapable Persons.
3. Board of Regents — Podologie
4. Comité consultatif des Conseils canadiens de normalisation de la publicité.
5. Comité consultatif du Recensement 1986 de Statistique Canada.

et l'expansion des services communautaires aux personnes âgées, et l'octroi de 60 millions de dollars au cours des prochaines années en vue de l'établissement de programmes d'aide familiale à travers la province à l'intention des personnes âgées de santé délicate et des adultes physiquement handicapés. Ces dépenses incluent une somme d'un million de dollars à affecter aux services de soutien communautaires pour des projets spéciaux de démonstration destinés aux personnes atteintes de la maladie d'Alzheimer. Le conseil a été particulièrement heureux que le personnel du ministère des Services sociaux et communautaires l'ait consulté sur la rédaction des critères reliés à ces projets si nécessaires.

La livraison du printemps 1986 de *Especially for Seniors* publie des renseignements au sujet des soins de la vue. Le conseil a également présenté au ministre une recommandation sur les cliniques ophtalmiques ambulantes. Celles-ci s'avèreraient particulièrement utiles aux habitants des localités éloignées de la province.

Le conseil a accueilli avec plaisir l'annonce faite par le ministre de la Santé à propos d'un programme de remboursement des frais de transport engagés en raison de problèmes de santé aux résidents du Nord de l'Ontario. On s'attend que ce programme soit fort utile aux personnes âgées qui ont besoin de soins spécialisés qu'elles ne peuvent pas toujours obtenir dans toutes les collectivités de la province.

En 1984, le conseil avait suggéré que l'on étudie la possibilité de munir d'un bracelet les malades atteints de confusion mentale. Ce dispositif déclencherait une alarme chaque fois que la personne qui le porte pénétrerait dans une zone close interdite. Depuis, le conseil a été heureux d'apprendre que la Division des maisons pour convalescents du ministère de la Santé étudie actuellement des dispositifs analogues. Il est également encourageant pour nous de savoir que le ministère des Services sociaux et communautaires se propose d'établir de nouvelles directives sur l'usage des accessoires de sécurité pour les résidents des foyers pour personnes âgées.

Questions relatives au revenu

Le conseil a partagé les sentiments exprimés par les personnes âgées, en juin 1985, lorsque le gouvernement fédéral envisageait de désindexer la pension de sécurité de la vieillesse.

Dans une lettre adressée au premier ministre de l'Ontario, le président du conseil informait l'honorable David Peterson qu'une telle mesure aurait un impact tout à fait négatif sur la vie des personnes âgées, surtout celles dont le revenu de retraite est modeste, et lui demandait de communiquer au gouvernement fédéral leurs inquiétudes.

Même si, en fin de compte, le gouvernement fédéral a renoncé à son projet, une des retombées de l'action entreprise par les personnes âgées pour exprimer leur opinion au gouvernement a été la formation de diverses coalitions d'organismes de l'âge d'or aux niveaux local, provincial et fédéral.

L'établissement de réseaux de communication par des organismes donne lieu à des échanges d'opinion et d'informations dont les personnes âgées peuvent tirer profit.

En juillet 1985, le conseil écrivait au docteur Bruce Halliday, président du comité permanent fédéral sur la Santé, le Bien-être et les Affaires sociales en vue de lui exprimer sa satisfaction face à la promulgation de la loi visant à étendre l'allocation des conjoints aux veuves et veufs nécessaires qui auparavant n'y étaient pas admissibles. Cependant, le conseil a témoigné son appui en incluant toutes les personnes, mariées, célibataires ou divorcées, âgées de 60 à 64 ans, qui sont dans le besoin. Les personnes divorcées ou séparées, et celles qui sont restées célibataires, n'ont pu satisfaire aux exigences d'admissibilité énoncées dans la loi. Le conseil continue de suivre l'évolution de ce dossier.

Bell Canada a formulé une demande auprès du Conseil de la radiodiffusion et des télécommunications canadiennes, pour être autorisé à redresser le "déséquilibre" des tarifs facturés aux consommateurs pour le service local et les appels interurbains.

L'Association des consommateurs du Canada a exprimé l'opposition de ses membres

Logement

au redressement des tarifs et au projet du service mètre local; à ce propos, le conseil partage plusieurs de ces préoccupations. Une hausse des tarifs du téléphone nuirait vraiment aux personnes âgées, qui se fient au téléphone pour entretenir les contacts avec la famille, avec les prestataires de services et avec la collectivité. En conséquence, le conseil a publié un article dans la livraison du printemps 1986 de son bulletin, afin d'attirer l'attention des personnes âgées sur cette question.

Les membres du conseil ont passé en revue les politiques de la Société du logement de l'Ontario touchant la conception et la construction de logements pour les personnes âgées. Le conseil a approuvé les opinions exprimées par le Conseil consultatif de l'Ontario sur les personnes physiquement handicapées et a demandé au ministre délégué aux Affaires des personnes âgées de renseigner son collègue, le ministre du Logement, sur les préoccupations suivantes du conseil :

Le conseil estime que tout logement construit sous les auspices d'un organisme du gouvernement de l'Ontario et qui comporte uniquement des escaliers donnant accès à plusieurs étages ne convient absolument pas. Le conseil souhaite que la Société du logement de l'Ontario réexamine et modifie ses pratiques actuelles touchant la construction de ce type de logement et envisage de moderniser les logements à deux ou trois étages desservis par des escaliers en y installant des ascenseurs.

Il serait souhaitable de pouvoir disposer d'un choix de logements; mais il est très important que des logements accessibles aux personnes handicapées soient disponibles tant dans les communautés rurales qu'urbaines.

Questions de santé

Pour rédiger ses conseils au ministre délégué aux Affaires des personnes âgées, le conseil s'est inspiré d'excellents exposés sur la maladie d'Alzheimer, les soins de la vue, l'ostéoporose et l'orientation préalable à la retraite. En janvier 1986, le conseil a eu le plaisir d'être avisé par le ministre et ses cadres supérieurs d'un projet doté de 11 millions de dollars pour le maintien

conseil a évoqué la nécessité d'offrir, préalablement à la retraite, des conseils sur le bien-être entre les âges de 40 à 45 ans et non pas à 64 ans. À cet égard, on a mentionné également les besoins qu'éprouvent les familles en milieu rural. À ce propos, on a formulé les recommandations suivantes :

- Les professionnels des soins médicaux dans différentes localités devraient organiser régulièrement des séances d'information publiques au sujet des médicaments, et encourager les personnes âgées ou autres à apporter leurs médicaments aux fins d'évaluation.

- Les infirmières hygiénistes, le personnel St. Elizabeth et le personnel infirmier de l'ordre de Victoria (V.O.N.) qui assurent des services de soins à domicile devraient encourager davantage les malades et les prestataires de soins à discuter de l'usage des médicaments.

- La promotion de la bonne santé, et tout ce qui conduit à la réalisation du bien-être, commence à l'école élémentaire. Nous invitons fortement le ministère de l'Éducation et les conseils scolaires à renouveler et mettre à jour chaque année les programmes sur la santé en vue de s'assurer que les cours sont pertinents et présentés de manière appropriée.

- On devrait diffuser le plus largement possible, dans toutes les écoles secondaires de l'Ontario, les renseignements appropriés sur la prévention de l'ostéoporose.
- L'accroissement du nombre de diététiciens diplômés et accessibles serait d'un apport considérable aux personnes âgées, car nombreuses sont celles qui ont besoin de conseils d'ordre diététique et alimentaire qu'un médecin généraliste n'est pas toujours en mesure de leur offrir.

- Les personnes âgées devraient avoir accès aux services de diététiciens qualifiés au titre du Régime provincial d'assurance-maladie (OHIP).

- Des cliniques de soins médicaux et de bien-être dûment enregistrées et supervisées devraient être disponibles. Des équipes mobiles de professionnels ainsi qu'un personnel paramédical autorisé

- Il convient d'encourager chacun à se renseigner davantage sur sa propre santé et à prendre des mesures pour la protéger en utilisant les ressources disponibles au sein de la collectivité. Bon nombre de collectivités auraient besoin d'un agent de promotion sanitaire afin de convaincre la population d'utiliser les ressources existantes.
- effectueraient des visites régulières dans les centres et foyers pour personnes âgées ou les centres communautaires.

- a) s'adresser à toute la population;
- b) commencer bien avant le moment de la retraite; et
- c) revêtir une forme qui convienne aux personnes âgées d'aujourd'hui.

Les membres du conseil recommandent que la promotion de la santé englobe les éléments suivants :

- l'éducation du public aux moyens de prévention de la maladie. Une telle approche comporterait la diffusion de renseignements sur les soins des pieds, de la peau, des dents, de l'ouïe et de la vue, la prévention du suicide et la santé mentale;
- l'alimentation;
- l'exercice et l'activité physiques;
- l'utilisation prudente des médicaments et de l'alcool;
- l'encouragement à devenir une personne active dans le milieu social, à titre bénévole, et le désir de s'engager pleinement dans la vie communautaire.

Toutes les questions qui précèdent doivent être étudiées dans une perspective de promotion de la bonne santé en tant qu'objectif normal pour chacun; et nous avons tous la responsabilité d'éviter la maladie; le bien-être individuel constitue en effet un objectif valable aux yeux de tous les membres de la société. Tout cela demande un changement important dans l'attitude sociale collective et une meilleure approche dans l'enseignement de l'hygiène des le palier élémentaire.

Dans une large mesure, "le modèle médical" courant dans la promotion de la santé fonctionne à contre-courant de cet objectif. Les médecins et les professionnels de la santé apprennent à guérir la maladie. Pour cette raison, nombre d'entre eux éprouvent de sérieuses difficultés dans les soins aux personnes âgées. Pour celles-ci, en effet, la maladie n'est pas toujours guérissable et elles ont souvent plutôt besoin de conseils sur les soins de santé. Des cliniques de bien-être existent bien, mais elles ne sont pas facilement accessibles partout dans la province. Les cliniciens n'ont pas la faculté de se spécialiser dans cet aspect de la médecine. En outre, la structure des barèmes d'honoraires pour récompenser ceux qui désirent adopter cette

approche en médecine devrait faire l'objet d'un remaniement en profondeur. Néanmoins, les coûts de mise en oeuvre de ces modifications pourraient être compensés par les bénéfices à long terme que la société pourrait en tirer si la province consentait à financer le bien-être.

Le conseil a présenté au ministre des suggestions et des recommandations touchant certaines politiques promotionnelles sur la santé, et a souligné la nécessité de se procurer des informations sur les lieux de résidence et de vie sociale des personnes âgées. Nous avons également suggéré qu'une bonne formule de commercialisation, à base d'humour et d'idées pratiques, permettrait de populariser la notion que le choix personnel d'un mode de vie équilibré conduit à l'indépendance active dans notre société.

La promotion de la santé n'est pas forcément dispendieuse; une approche positive et originale suffit. Certaines mesures préventives, comme les suivantes, demeurent accessibles à chacun :

- examens médicaux périodiques pour les personnes de tout âge;
- examens dentaires périodiques, (surtout avant la retraite, alors que certaines personnes bénéficient de régimes d'assurance dentaire);
- discernement et bon sens dans l'usage des médicaments en vente libre;
- activité physique adaptée à l'âge et la connaissance de ses propres limites;
- activité intellectuelle et bénévolat comme moyens de stimuler et de relever le niveau de vie;
- bons soins de la vue, y compris des examens périodiques;
- examens périodiques de l'ouïe;
- soins réguliers des pieds;
- création d'un milieu de vie sans risque permettant de réduire au minimum les chutes et les accidents.

On vivra plus heureux dans la mesure où le mode de vie est équilibré. La société en général doit accepter la responsabilité d'en faire un objectif désirable.

Parmi de nombreuses recommandations, le

Malheureusement, d'autres ne savent pas comment s'y prendre, et leur style de vie ne favorise pas un bon état de santé.

Les projections démographiques fondées sur les recensements de 1971 et 1981, et les projections de 1983 de Statistique Canada, indiquent qu'en 1991, sur 9 471 000 résidents ontariens, 1 189 200, soit 12,6 % de la population, auront atteint l'âge de 65 ans. De ce nombre, quelque 245 300, soit 20,6 %, auront atteint 80 ans et plus. En l'an 2001, les personnes de plus de 80 ans constitueront 24 % du groupe ayant atteint 65 ans et plus. Nous savons tous que l'incidence d'une mauvaise santé s'accroît avec l'âge; ce qui donne lieu à de sérieuses inquiétudes quant aux coûts futurs des soins médicaux. Le conseil estime que de telles préoccupations devraient retenir l'attention de chacun, du ministre au simple particulier, sur la nécessité de trouver tous les moyens possibles pour éviter la maladie et demeurer en bonne santé.

On estime actuellement que les coûts des soins médicaux pour les personnes âgées en Ontario s'élèvent à environ 3,39 milliards de dollars. Il est probable que moins de 2 % de cette somme est affectée aux dépenses visant à promouvoir la santé. Néanmoins, le conseil est d'avis que si l'on veut stabiliser les coûts des soins médicaux en Ontario, il faudra faire quelque chose pour amener le public à utiliser l'information et les ressources actuelles et à adopter un mode de vie équilibré bien avant d'avoir atteint l'âge de 65 ans; c'est là un moyen d'empêcher la hausse vertigineuse des coûts des soins médicaux en Ontario de ruiner la province.

Le Conseil consultatif de l'Ontario sur l'âge d'or a toujours pensé que l'on devrait encourager les personnes âgées à accepter leur responsabilité personnelle dans toute la mesure du possible. Cela signifie notamment choisir un mode de vie qui influe sur sa propre santé; et on ne devrait pas attendre le moment de la retraite pour commencer à y penser. Toutefois, nous avons la conviction que, même si les personnes âgées peuvent bénéficier de programmes spéciaux visant à maintenir et à promouvoir des modes de vie équilibrés, nos stratégies promotionnelles en matière de santé devraient :

- En collaboration avec des fondations privées, des institutions médicales et des bienfaiteurs publics, orienter la recherche vers des techniques diagnostiques, les soins infirmiers, le stress familial associé aux soins dispensés aux membres de la famille atteints de la maladie d'Alzheimer, et intensifier le développement de modèles pour les programmes de soutien au foyer dans les secteurs situés à l'extérieur des principaux centres d'enseignement.
- Inciter le ministère de la Santé à rendre accessible toute information basée sur l'expérience du ministère et qui servirait à la conception et la construction d'établissements de soins à long terme pour héberger les personnes atteintes de la maladie d'Alzheimer. Grâce à ces informations les petites collectivités pourraient envisager la réalisation de ces projets.

Santé et Bien-être

Le conseil s'est penché avec beaucoup d'attention sur la question qu'a soulevée le ministre : comment encourager les personnes âgées à adopter des mesures préventives et des modes de vie équilibrés. Le conseil continue à s'intéresser vivement au fait que les personnes âgées peuvent et doivent accepter leur responsabilité personnelle dans la pleine mesure du possible. Par ailleurs, le conseil pense également qu'il nous incombe, en tant que membres de la société en général, d'accepter la responsabilité d'adopter un mode de vie équilibré qui nous permette de conserver notre autonomie aussi longtemps que possible. En tant que citoyens de l'Ontario, nous bénéficions tous des services de soins médicaux, quel que soit notre âge. Ainsi, une personne qui atteint ses 65 ans ne doit pas nécessairement et automatiquement se percevoir comme un objet de préoccupation ou un problème au sein du système provincial de soins médicaux.

On compte plus de 860 000 personnes âgées vivant en Ontario. Bon nombre d'entre elles, nous le savons, jouissent d'une bonne santé, demeurent actives et vigoureuses; on pourrait dire d'elles qu'elles savent comment vivre.

assurés par des bénévoles; ce modèle pourrait être proposé aux personnes à la recherche de ressources financières pour la mise sur pied de programmes de soins de jour de relève.

- Permettre aux organismes et aux prestataires de services qui utilisent des bénévoles comme personnes ressources dans le cadre des programmes de prévoir un poste budgétaire pour les frais de transport et de soutien de leurs bénévoles.
- Verser aux bénévoles qui s'occupent du transport des pensionnaires un montant fixe par kilomètre parcouru.

- Le gouvernement de l'Ontario devrait procéder le plus tôt possible à l'application d'une loi de protection assurant la curatelle de la personne et de ses biens.

- Demander au ministre du Procureur général d'offrir à tous les niveaux de la police provinciale des renseignements précis sur la maladie d'Alzheimer. Ces renseignements devraient inclure une description claire de l'étape confusionnelle de la maladie, qui se manifeste, chez le malade, par la tendance à errer, et à aboutir entre les mains de la police.
- Le gouvernement de l'Ontario devrait approcher les clubs de service et, en particulier, le Women's Institute qui dispose de représentants partout dans les régions rurales de l'Ontario, pour encourager ces groupes à travailler de concert avec la Société Alzheimer dans le cadre de rencontres publiques et de la diffusion de renseignements sur la maladie d'Alzheimer.

- Encourager les Sociétés Alzheimer à poursuivre leurs excellents programmes de diffusion de l'information pertinente à un coût modique pour les abonnés. Aux niveaux fédéral et provincial, le gouvernement devrait prévoir des fonds supplémentaires en vue de permettre la diffusion de la documentation sur cette maladie dans des langues autres que les deux langues officielles du pays.

- Approcher Santé et Bien-être social Canada en vue de la coordination de la recherche de données importantes sur l'expérience canadienne en mettant à contribution toutes les compétences provinciales.

et des travailleurs communautaires, un modèle de contrôle de la disponibilité anticipée des lits pour des soins à long terme ainsi que des personnes chez qui la maladie d'Alzheimer a été diagnostiquée avec certitude et qui traversent ses différentes étapes. L'objectif consisterait à faciliter rapidement et de manière appropriée tout placement requis, le cas échéant, évitant ainsi de pénaliser indument les familles qui s'efforcent de garder au foyer la personne malade le plus longtemps possible.

- Exiger des programmes de formation en cours d'emploi pour tout le personnel des institutions pour soins à long terme et en surveiller la mise en oeuvre.
- Solliciter l'aide de l'Association médicale de l'Ontario et du Collège des médecins de famille du Canada en vue d'élaborer des programmes de formation continue en gérontologie et en gériatrie, tout en publiant le plus de documentation possible à l'intention des membres.

- Obtenir les moyens d'offrir aux régions éloignées de la province l'accès aux équipes d'évaluation en gériatrie. Nous pourrions y parvenir en établissant un horaire de consultations dans les centres pour personnes âgées, les hôpitaux ou résidences pour personnes âgées et en y affectant une petite équipe de spécialistes en gériatrie et de professionnels des grands centres d'enseignement. À titre d'expérience d'apprentissage utile, on pourrait ajouter aux équipes un certain nombre d'étudiants en soins de santé.

- Mettre au point de meilleurs outils de diagnostic et d'évaluation à l'intention des médecins et d'autres membres du personnel des soins médicaux en dehors des villes principales, et y intégrer la compétence fonctionnelle autant que verbale, cognitive et neurologique.

- Le ministère des Services sociaux et communautaires devrait concevoir un modèle que les organismes à vocation communautaire pourraient utiliser pour établir des programmes de formation de personnel bénévole et mettre en oeuvre des programmes coordonnés de soins de relève

le conseil est devenu très sensible à l'impact d'un grand nombre de personnes âgées en Ontario et de leurs familles. Le conseil est vivement conscient du courage inébranlable des prestataires immédiats de soins, tant au foyer que dans les établissements de soins à long terme. En vue de répondre aux besoins que nous avons perçus, le conseil a formulé au ministre les recommandations suivantes :

- Prévoir des soins de jour fiables à prix abordable, comportant dans l'idéal un contenu thérapeutique, dispensés parallèlement aux programmes unifiés d'aide à domicile, dans le plus grand nombre de collectivités possible. Les organismes actuels pourraient servir à promouvoir et à gérer des projets modestes dans les régions périphériques; des ressources supplémentaires du gouvernement provincial seront nécessaires à cet égard.
- Intensifier la *coordination* des services de soins et de soutien à domicile, en vue d'aider la famille dans le traitement au foyer des victimes de la maladie d'Alzheimer. Ces services devraient comprendre, entre autres, l'orientation familiale.
- Remanier le barème des honoraires pratiqués dans les foyers pour personnes âgées et les résidences pour convalescents de façon à différencier les niveaux de soins infirmiers dont les pensionnaires ont besoin, en particulier ceux atteints de la maladie d'Alzheimer, et à améliorer l'imputabilité.
- Demander à toutes les institutions, publiques ou privées, qui dispensent des soins à long terme aux personnes atteintes de la maladie d'Alzheimer, de fournir un nombre minimum déterminé d'infirmiers (ou d'infirmières) et de personnel auxiliaire auprès de ces malades.
- Demander à toutes les institutions privées qui dispensent des soins à long terme de retenir et de mettre à la disposition du malade, de sa famille et du personnel, les services d'orientation assurés par un travailleur social professionnel pendant au moins 24 heures par semaine pour chaque institution.
- Demander aux conseils régionaux de santé d'élaborer, conjointement avec des agences

- Que des lois de protection soient promulguées afin de permettre la curatelle physique et matérielle des personnes lésées.
- Que le ministre délégué aux Affaires des personnes âgées exprime le souci du gouvernement de l'Ontario au sujet de l'agression contre les personnes âgées auprès des doyens des facultés de médecine, de sciences infirmières et des lettres ainsi que des directeurs des collèges communautaires, et des comités d'éducation d'associations professionnelles, des forces policières et de tous les responsables des programmes de formation continue dans les professions dispensatrices de soins; et que le ministre signale le besoin d'intégrer aux programmes scolaires toute formation à la détection, au traitement et au développement de mécanismes de réaction aux actes d'agression contre les personnes âgées.

La maladie d'Alzheimer

On estime que cette maladie neurologique à caractère progressif et dégénératif atteint quelque 60 000 personnes en Ontario. La maladie d'Alzheimer n'est pas facile à diagnostiquer car elle est très idiosyncrasique.

On étudie actuellement les causes possibles de la maladie d'Alzheimer. Il pourrait s'agir :

- d'agents viraux ou environnementaux
- d'accumulations excessives d'aluminium ou autres toxines
- de défectuosité ou de prédisposition génétique
- d'altération du système immunitaire en raison du vieillissement

La mémoire, l'orientation, la fonction intellectuelle/cognitive, la concentration et le jugement se dégradent progressivement à mesure que la maladie évolue en quatre étapes bien distinctes, et les besoins du malade, de la famille et des responsables des soins varient en conséquence.

Le rapport présenté au ministre expose en détail ces besoins et passe en revue certains programmes et ressources existants, il comporte également une bibliographie annotée.

Grâce au processus de consultation préliminaire et à la rédaction finale du rapport,

Les méthodes d'intervention suivantes ont été adoptées comme moyens de combattre l'agression : prévention dirigée contre les sources de violence au sein de la famille; tribunes et éducation populaires en vue de sensibiliser le public à la réalité des actes d'agression contre les personnes âgées; élaboration d'un réseau de protection composé de personnel spécialisé capable de déceler les indices d'agression; services d'orientation et de soutien à l'intention des familles et des victimes; mesures juridiques de protection, par exemple la tutelle des personnes âgées vulnérables qui ont besoin temporairement d'intervention sans leur consentement; abris d'urgence avec un matériel adéquat; obligation de signaler les cas et liste officielle des agresseurs reconnus.

Le conseil a présenté les recommandations suivantes au ministre délégué aux Affaires des personnes âgées :

- Que le gouvernement de l'Ontario encourage les prestataires de services communautaires locaux qui emploient du personnel semblable à celui de l'Adult Protective Service Workers à mettre sur pied un réseau de services plus efficaces et plus orientés sur la protection des personnes maltraitées et des personnes âgées dont le déficit intellectuel ou physique les met dans une situation précaire, moyennant financement pour les projets expérimentaux.
- Que le gouvernement provincial crée immédiatement, dans le plus grand nombre de collectivités possible, des abris temporaires à l'intention des personnes âgées maltraitées et prévoie les fonds nécessaires au maintien de tels lits.
- Que le Comité permanent provincial sur le développement social continue de recueillir de l'information sur les agressions contre les personnes âgées, et envisage des recherches plus poussées en vue d'élargir la base des données actuelles. À cet égard, on devrait encourager les organismes à vocation communautaire de la province qui oeuvrent auprès des personnes âgées à soumettre des projets axés sur la recherche.
- Que tous ceux qui effectuent des recherches en ce domaine s'entendent sur une définition commune de l'agression contre les personnes âgées.

- Que le Comité permanent provincial sur le développement social tienne des audiences publiques sur la question des agressions contre les personnes âgées, et invite la population à présenter des suggestions et exposés de façon analogue à celles qui eurent lieu au sujet de l'enfance maltraitée et de la femme battue.
- Que le gouvernement provincial accorde la priorité à l'établissement, d'un bout à l'autre de la province, d'un mécanisme de rapports et de suivi pour tous les cas où l'on soupçonne des actes d'agression contre les personnes âgées. Les ressources existantes pourraient servir, notamment le dépistage systématique des personnes âgées lors de leur entrée à l'hôpital, surtout dans les services d'urgence, ainsi que le compte rendu des observations ou remarques des agences familiales.
- Que des lois exigeant de signaler les agressions soient promulguées afin que tout cas d'agression soupçonné contre une personne âgée soit rapporté à une instance provinciale, par exemple à un poste de police locale ou à un conseil médical de district, préalablement désignés.
- Qu'un registre d'auteurs d'actes d'agression contre des personnes âgées soit tenu, comme on le fait pour l'enfance maltraitée.
- Que les victimes d'actes d'agression et leurs familles soient incitées à obtenir de l'aide d'infirmières hygiénistes, de travailleurs sociaux, de la police locale, des organismes de service familial et des centres d'information communautaire.
- Que l'éducation communautaire s'oriente vers les besoins spéciaux des personnes âgées en danger. Le secteur du bénévolat, en particulier les groupes de service du milieu rural en Ontario, serait peut-être disposé à aider au niveau de la diffusion des renseignements.
- Que le personnel des établissements de soins soit formé à dépister rapidement tout indice d'agression envers les personnes âgées, et que l'on mette sur pied un service d'orientation pour le personnel oeuvrant auprès de sujets à risque élevé au sein de la collectivité ou en institution.

Les agressions contre les personnes âgées

Les agressions contre les personnes âgées ne sont pas un phénomène nouveau, et pourtant nous ne disposons que de peu d'informations sur l'étendue de son existence en Ontario, même à la suite des constatations provenant d'une étude menée pour le Comité permanent sur le développement social et publiée en 1985.

Les agressions contre les personnes âgées peuvent se produire n'importe où, dans les milieux ruraux et urbains, aussi bien qu'en banlieue et à tous les niveaux socio-économiques. Les études montrent que la majorité des personnes âgées maltraitées se situent dans la tranche d'âge de 80 ans et plus, alors que la majorité des agresseurs (hommes ou femmes) sont des membres de la famille qui agissent sous l'influence de l'alcool, qui ont des problèmes psychiatriques ou profitent abusivement de l'âge avancé de leurs victimes; et qui plus est, les agresseurs sont l'objet de l'amour et de la confiance de ces dernières.

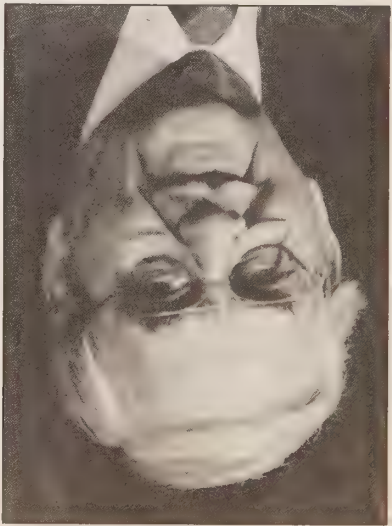
On peut regrouper les agressions en plusieurs catégories : physique, négligence, exploitation financière, agression psychologique/humiliation, violation des droits et attitudes permissives face à la négligence de soi attribuables au comportement des proches et des prestataires de soins. On constate parfois un chevauchement parmi ces catégories.

Bien que l'on trouve des cas d'agression tant dans les établissements que dans la collectivité, on ne dispose pas de beaucoup de documentation à ce sujet dans l'une ou l'autre situation. Souvent, la personne maltraitée en établissement ne rapporte pas aux autorités ou à la direction les incidents survenus, par crainte de représailles, ou d'une dose excessive de médicaments ou bien par incapacité de décrire l'incident de façon claire. Les professionnels et les non-professionnels qui oeuvrent auprès des personnes âgées, soit dans la collectivité soit dans un établissement, peuvent ne pas déceler une agression subie. Souvent, ils ne disposent pas de l'appui nécessaire pour résoudre une situation problématique dans la famille ou dans l'établissement en cause.

La création, en juin 1985, du poste de ministre délégué aux Affaires des personnes âgées, dont relève le conseil, fut perçue par un grand nombre de personnes et d'organismes de promotion des intérêts des personnes âgées comme marquant une étape fort positive. Depuis sa première rencontre avec le conseil peu après son entrée en fonction, l'honorable Ron Van Horne a tenu le conseil au courant des principaux remaniements de politiques et programmes relatifs aux personnes âgées qu'il a entrepris depuis son accession au poste de ministre.

Parallèlement à ces remaniements, le ministre demandait au conseil de lui exprimer son avis sur un certain nombre de questions importantes. Avant le 31 mars 1986, le conseil avait accédé à cette demande en préparant des rapports sur les personnes âgées maltraitées et sur la maladie d'Alzheimer, et avait présenté des commentaires sur la question suivante : "Comment encourager les personnes âgées à adopter des mesures préventives et s'engager dans un mode de vie équilibré?" Le travail se poursuit avec la préparation de réponses aux autres questions qu'a soulevées le ministre.

Afin de s'assurer que nos réponses correspondaient aux opinions et préoccupations des personnes âgées et des organismes spécialisés oeuvrant en ce domaine, les membres du conseil ont eu des entretiens avec de nombreuses personnes au sein de leurs différentes collectivités, et ont visité des établissements comme le Baycrest Centre for Geriatric Care, à Toronto, et le Greenacres Home for the Aged, à Newmarket. Le conseil a également rencontré un vaste éventail de spécialistes en soins de santé dans les hôpitaux, les universités, les établissements de soins à long terme, dans la collectivité en général et dans les milieux gouvernementaux. La bonne volonté avec laquelle nos interlocuteurs ont répondu à nos questions, ainsi que l'appui et l'enthousiasme, qu'ils ont témoignés pour nos activités nous ont grandement encouragés. Même si, par la suite, nous avons communiqué des exemplaires de nos rapports à tous ceux et celles qui ont participé à nos travaux, les brefs aperçus qui suivent présentent peut-être un certain intérêt.



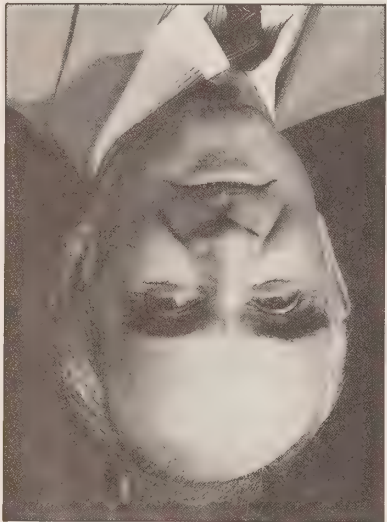
Monsieur Ernest Seager, Stoney Creek

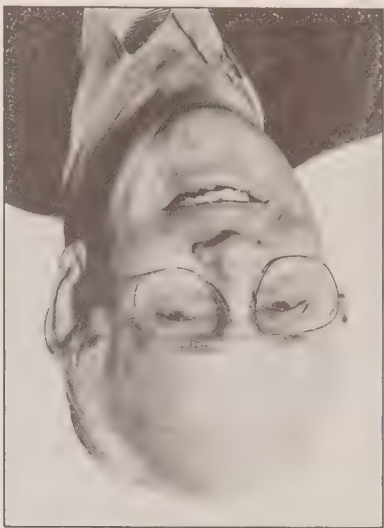
Monsieur Seager est ancien président et directeur de l'Ontario Parks Association ainsi que membre du Conseil consultatif du Wentworth Regional Conservation Authority. Il est depuis peu à la retraite après avoir exercé des fonctions au sein du service des parcs et loisirs de Hamilton. M. Seager est un membre actif du club Stoney Creek Over-60.

Monsieur Bill Watson, Mount Forest

Monsieur Watson a occupé divers postes ou fonctions au sein de la Fédération agricole. Membre actif de la Légion canadienne, il a apporté volontiers son appui, sur le plan régional, aux préoccupations des personnes âgées. La pénurie de lits dans les foyers de convalescents, le manque d'établissements pour le traitement des maladies chroniques chez les personnes âgées dans les milieux ruraux sont autant de domaines qui lui tiennent à

cœur.





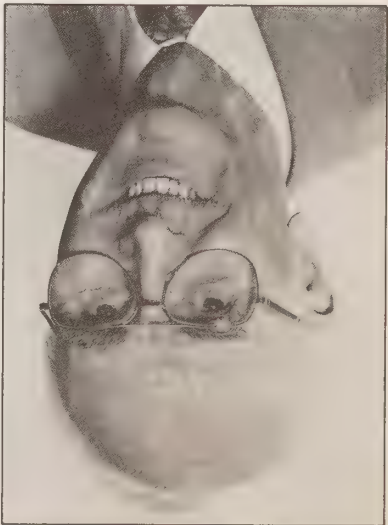
Monsieur Edward Montague, Jarvis
Monsieur Montague possède une riche expérience en soins et besoins de l'âge d'or, qu'il a acquise au cours de ses quinze ans de services au poste d'administrateur à Grandview Lodge, Dunnville (Ontario). Monsieur Montague a également occupé le poste de président de divers organismes agricoles et ecclésiastiques au sein de sa collectivité. Il a exercé la fonction de préfet de la municipalité de Walpole pendant huit ans.



Madame Frances MacOdrum, Brockville
Madame MacOdrum est titulaire d'une maîtrise en chimie de l'Université Western Ontario et a enseigné à Saint-Jean, N.-B. Elle fut échevin à Brockville, de 1961 à 1974 et occupa des postes administratifs au sein de plusieurs organismes communautaires. Elle est également la présidente sortante du Conseil de direction du St. Lawrence Lodge, foyer pour les personnes âgées, à Brockville.



Madame Olga Leshchuk, Toronto
Madame Leshchuk a participé, à titre bénévole, aux activités du Lambert Lodge for Senior Citizens et a exercé la fonction de travailleuse sociale auprès des Ukrainian Canadian Welfare Services Inc. Madame Leshchuk participe aux activités de la Société canadienne du cancer, de son église et de la Fédération nationale des Ukrainiens (programmes pour les jeunes et les personnes âgées).



Monsieur Herbert (Bert) Hanmer, Ottawa
Monsieur Hanmer occupait le poste de directeur national du Bureau des services de la Légion canadienne avant de prendre sa retraite. Il est membre du Comité sur le vieillissement d'Ottawa-Carleton, membre du Conseil de direction du United Senior Citizens de l'Ontario, membre du Comité consultatif national sur la condition physique au troisième âge, et membre de l'Institut canadien sur la religion et la gérontologie, secteur d'Ottawa.

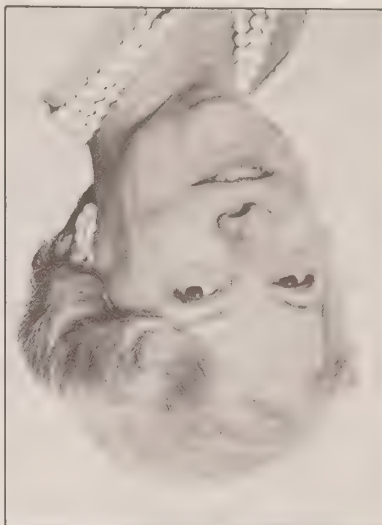


Madame Yvonne LeBel, Kirkland Lake

Enseignante à la retraite, madame LeBel a joué un rôle actif au sein de l'association locale des enseignants et de l'association parents-élèves. Elle a occupé le poste de présidente provinciale de l'Association des enseignants francophones de l'Ontario, et fut membre du Conseil des gouverneurs, durant cinq ans, de la Fédération des enseignants de l'Ontario. Madame LeBel a été membre d'un comité de la Fédération canadienne des enseignants et, depuis son départ en retraite, elle est la première présidente d'un nouveau club de l'âge d'or, à Kirkland Lake, et présidente du comité organisateur pour la région nord de la Fédération des aînés francophones de l'Ontario.

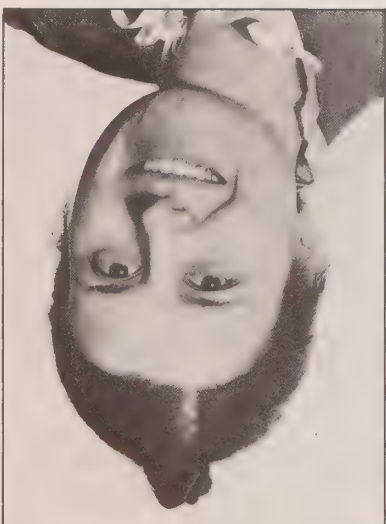


Monsieur Robert D. Kemp, Scarborough
Monsieur Kemp a été administrateur du Centre St. Paul's L'Amoreaux, établissement domiciliaire polyvalent à logements multiples pour les personnes âgées. Il était autrefois directeur administratif de Woodgreen Community Centre, à Toronto, après avoir occupé le poste de directeur régional de la Y.M.C.A. de Toronto. Il est également président sortant de la Older Adult Centres Association of Ontario (O.A.C.A.O.).



Madame P.J. (Joanne) Fillimore, Leamington

Madame Fillimore, ancienne directrice générale du South Essex Community Council, est depuis peu à la retraite. Elle est membre du conseil d'administration de Centraide, comté de Windsor-Essex, et de l'Association des arts de South Essex. Elle est également membre du United Church's London Conference Committee on Ministry to Older Persons ainsi que du Leamington Cable T.V. Advisory Committee.



Me Lynda Ciaschini, Toronto

Madame Ciaschini, avocate, est actuellement membre du Bureau des gouverneurs de l'hôpital Humber Memorial. Elle est aussi membre de Villa Columbo et d'autres organismes italo-canadiens. Madame Ciaschini possède des antécédents de travail en milieu communautaire et a assumé la supervision du Community Legal Clinic, de Toronto, de 1976 à 1979.



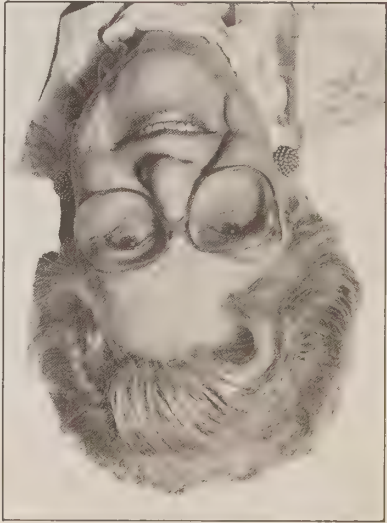
Dr Edgar Bailey, Cambridge

Le docteur Bailey, actuellement à la retraite, est ancien ministre de l'Eglise baptiste au Canada et ancien membre de l'Exécutive Baptist World Alliance. Il était en service actif au moment de la Seconde Guerre mondiale et occupa le poste de président du Comité de l'aumônerie dans les forces armées canadiennes au sein du Conseil canadien des Eglises. Il a été président du Kiwanis Club d'Edmonton et fut récemment décoré de la Légion d'honneur de Kiwanis International pour ses 30 ans de service. Le docteur Bailey est membre du Comité consultatif sur les besoins de l'âge d'or (Senior Citizens Needs Advisory Committee), région de Waterloo. En outre, il préside trois comités au Centre Fairview.

Composition du conseil de 1985-1986

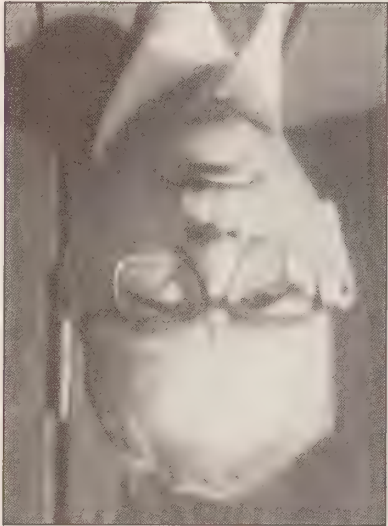
Madame Ivy St. Lawrence, Toronto (Présidente)

Madame Ivy St. Lawrence a occupé durant plusieurs années le poste de directrice administrative de la Canadian Home and School and Parent-Teacher Federation alors que celle-ci était en rapide évolution. Elle poursuit actuellement ses activités dans le domaine du vieillissement à titre de présidente sortante du Comité sur le vieillissement du cabinet du Maire de Toronto et de conseillère principale de la Senior Talent Bank Association de l'Ontario; elle siège au Conseil de l'Ontario Board of Regents, podologie/podiatre; elle est ancienne présidente-fondatrice du Comité de la charte et directrice honoraire de Summer Rendezvous for Seniors, à Harboursfront. Madame St. Lawrence est décorée de la Médaille du Bicentenaire de l'Ontario et a reçu le trophée du Mérite de la ville de Toronto.



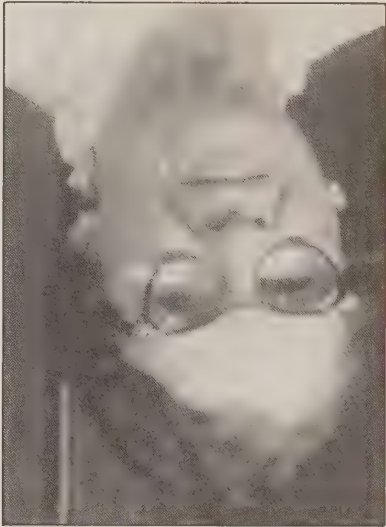
Dr C. Faïd, Sault Ste. Marie (Vice-président)

Le docteur Faïd est l'auteur de plusieurs articles sur la gériatrie. Il est médecin titulaire à la résidence pour personnes âgées F. C. Davey. Il poursuit des activités communautaires et a participé à plusieurs projets notables en tant que président de la campagne annuelle Centraide, président de la Société historique, membre du bureau de santé d'Algonia, et ancien chef de la direction médicale du Plummer Memorial Public Hospital.



Madame Elsie Kingsbury, Carleton (Vice-présidente)

Madame Kingsbury apporte au conseil une vaste expérience dans le domaine des personnes âgées. Ancienne propriétaire et administratrice d'un foyer pour convalescents, elle a démontré un intérêt soutenu pour la vie communautaire et a participé aux activités de la Société du cancer, de la Fondation du coeur, de la Société d'horticulture et d'un Conseil de fabrique.



Mandat du conseil

Le Conseil consultatif de l'Ontario sur les personnes âgées fut institué le 24 avril 1974 en vertu d'un décret du Conseil des ministres approuvé par Son Excellence le lieutenant-gouverneur de l'Ontario.

Le conseil a pour mandat de :

- 1) conseiller le gouvernement de l'Ontario, par l'intermédiaire du ministre délégué aux Affaires des personnes âgées, sur toute question ayant trait au bien-être des personnes âgées ou vieillissantes et, sans restreindre la généralité de ce qui précède :
- a) promouvoir davantage l'élaboration et la création de services d'aide aux personnes âgées, à leur satisfaction et à leur avantage en tant que membres de la société en général;
- b) évaluer les politiques actuelles et leur portée sur le vieillissement et l'économie, notamment l'emploi, la préparation à la retraite, les mesures en matière de santé et de maintien du revenu, les installations et services gouvernementaux et autres, y compris l'éducation et les programmes de logement, les soins à long terme et autres services connexes;

- c) répondre aux demandes exprimées par le ministre délégué aux Affaires des personnes âgées en matière de conseils et d'études sur toute question d'intérêt pour les personnes âgées.

Le conseil remplit son mandat de la façon suivante :

- 1) il tient au moins quatre réunions plénières par an;
- 2) il reçoit des rapports d'organismes et de particuliers qui représentent les personnes âgées ou s'intéressent aux questions qui les préoccupent, et consulte ces organismes et ces particuliers;
- 3) il rencontre le personnel des divers ministères pour étudier les politiques, les programmes et les rapports courants;
- 4) il publie un bulletin trimestriel intitulé **Especially For Seniors** pour encourager la communication entre les personnes âgées de la province et le conseil;

- 5) il distribue des exposés de principe et des documents de travail.

Par ces divers moyens, le conseil s'efforce de cerner les préoccupations majeures des personnes âgées. Des recommandations sont alors élaborées par divers comités et transmises au ministre délégué aux Affaires des personnes âgées qui en fait part à ses collègues au gouvernement.

Le conseil n'est pas un organisme de financement ou à caractère gestionnel et ne participe pas à la prestation des programmes. Le financement, la recherche et la prestation des programmes demeurent la responsabilité du gouvernement auquel le conseil soumet des recommandations.

Le conseil exprime sa vive reconnaissance aux nombreux particuliers et organismes qui l'ont contacté par écrit ou en personne pour leur préoccupation. Ce type de communication est d'autant plus précieux qu'il nous permet de conseiller le gouvernement sur des questions qui intéressent vraiment les quelque 900 000 personnes âgées de l'Ontario à qui s'adressent nos services.

Le conseil tient également à remercier le personnel des divers ministères du gouvernement de l'Ontario pour son soutien et pour les renseignements relatifs aux programmes.

Bureau du conseil : Bureau 203
700, rue Bay
Toronto (Ontario)
M5G 1Z6

Personnel cadre : Mary Tate, administratrice
Allan Moore, adjoint de recherche
Chris Stewart, adjoint de recherche
Gloria Taylor, adjointe administrative

Je tiens à exprimer personnellement ma reconnaissance aux membres de notre conseil qui, au cours de l'année, ont spontanément consacré du temps et des efforts supplémentaires pour renseigner rapidement le ministre, à sa demande. Je voudrais également remercier tout spécialement notre administratrice, madame Mary Tate, et son personnel, dont nous partageons les services avec le Conseil consultatif de l'Ontario sur les personnes handicapées. Ils ont droit à nos éloges pour la compétence et l'empressement avec lesquels ils ont répondu à nos moindres requêtes.

Veuillez agréer, Monsieur le ministre, l'expression de mes sentiments distingués.

La présidente,



Ivy St. Lawrence

Depuis ma nomination à titre de présidente, il y a un an, c'est la première fois que l'occasion m'est offerte de rendre compte de l'activité du Conseil consultatif de l'Ontario sur les personnes âgées. L'année a été très chargée, surtout à la suite du changement de gouvernement en 1985, et de la nomination de l'honorable Ron Van Horne au poste de ministre délégué aux Affaires des personnes âgées. Auparavant, le conseil rendait compte au gouvernement par l'intermédiaire du Secrétaire provincial au Développement social, poste aboli par le nouveau gouvernement. Le conseil adresse maintenant ses rapports et recommandations directement à l'honorable Ron Van Horne, qui les transmet, s'il y a lieu, aux autres ministères pour fins d'étude ou de mise en oeuvre, le cas échéant.

Les pages qui suivent donnent un aperçu du travail accompli par le conseil au cours de l'année 1985-1986 et il serait superflu de m'étendre davantage à ce propos. Je me limiterai à mentionner quelques questions sur lesquelles le conseil se penchera au cours de l'année qui vient.

Notre première tâche consiste à mettre la touche finale à la déclaration des droits et responsabilités des résidents dans les établissements de soins à long terme, et de la présenter au ministre aux fins d'étude. Une fois admises dans ces établissements, ces personnes se trouvent dans une large mesure privées de leurs droits. Cette déclaration vise donc, autant que possible, à assurer le respect de ces droits, compte tenu de la santé mentale et physique des intéressés. Les droits étant indissociables des responsabilités, la déclaration tiendra également compte de celles-ci.

Nous avons l'intention d'étudier la question du transport. La disponibilité de moyens de transport satisfaisants joue un rôle clé dans le bien-être des personnes âgées. Or, dans certaines régions de l'Ontario, il existe une pénurie en ce domaine. Le conseil voudrait s'enquérir sur ce qui peut être fait en vue d'améliorer la situation là où c'est possible. Le conseil s'inspirera des conclusions d'un sondage sur les besoins en transport mené par le biais de *Especially For Seniors*. Les réponses ont afflué, et la documentation pertinente, de même que les renseignements recueillis, seront étudiés lors

d'une réunion publique de consultation que notre conseil tiendra de concert avec le Conseil consultatif de l'Ontario sur les personnes handicapées au cours de l'été 1986. Le transport touche la vie de chaque citoyen; ainsi le conseil considère qu'il est opportun de trouver la solution à certains problèmes qui, à notre connaissance, sont bien réels.

Au cours de 1986-1987, nous nous pencherons également sur la question du logement. Nous examinerons les diverses possibilités qui s'offrent aux personnes âgées dans ce secteur. Nous accorderons une attention particulière aux styles d'habitation novateurs susceptibles de retarder, voire d'éliminer le recours au placement en institution ou en résidence. Le conseil a toujours affirmé sa conviction qu'en attendant de trouver une autre solution, la place privilégiée des personnes du troisième âge est dans leur propre foyer et leur propre collectivité, au milieu de leurs amis et de leurs voisins. Le conseil continuera d'oeuvrer en ce sens.

Au cours de l'automne prochain, plusieurs membres du conseil feront une tournée du Nord de l'Ontario. Les rencontres qui auront lieu leur permettront de se renseigner sur les services offerts aux personnes âgées ainsi que sur les réalisations, les problèmes et les préoccupations des fournisseurs de services, et de promouvoir la participation du public en général. Le conseil ne perd jamais de vue le fait qu'il représente toutes les régions de la province et qu'il doit tenir compte du point de vue de chacune.

Le conseil se propose d'éditer son bulletin trimestriel *Especially For Seniors*. Ainsi, non seulement pourrions-nous publier plus de renseignements à l'intention de nos quelque 900 000 lecteurs, mais aussi, nous l'espérons, aborder plus de sujets d'intérêt pour les Franco-Ontariens dans chaque livraison.

Voilà donc quelques-uns des projets que le conseil envisage pour l'année qui vient. Nous entendons conserver assez de souplesse pour nous pencher sur d'autres questions d'importance immédiate à mesure qu'elles se présenteront, ce qui ne saurait manquer. Cependant, le maintien et l'amélioration de la qualité de vie des personnes âgées en Ontario resteront notre principale préoccupation.

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L'honorable Ron Van Horne
Ministre délégué aux Affaires des personnes âgées
Queen's Park, Toronto

Monsieur le ministre,
J'ai l'honneur de vous présenter le douzième rapport annuel du Conseil
consultatif de l'Ontario sur les personnes âgées pour l'exercice se terminant le
31 mars 1986.

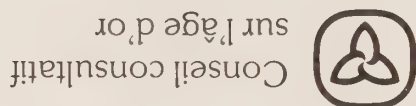
Veillez agréer, Monsieur le ministre, l'expression de mes sentiments
distingués.

La présidente,

Ivy St. Lawrence

**Douzième rapport annuel
du
Conseil consultatif de l'Ontario
sur l'âge d'or**

**pour l'exercice se terminant
le 31 mars 1986**



La vie va de l'avant
au centre Rockway Gardens
pour personnes âgées
Kitchener (Ontario)

DOUZIÈME RAPPORT ANNUEL 1985-1986



**Conseil consultatif
de l'Ontario
sur l'âge d'or**



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Senior Advisory Council Senior Citizens

Annual Report
1986/1987

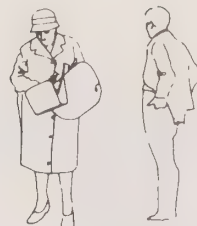




Ontario Advisory Council on Senior Citizens

Annual Report 1986/1987

Thirteenth Report for the
year ending
March 31, 1987



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Honourable Ron Van Horne
Minister for Senior Citizens' Affairs
Queen's Park, Toronto

Dear Mr. Van Horne:

I am pleased to present to you the thirteenth Annual Report of the Ontario Advisory Council on Senior Citizens for the twelve month period ended March 31, 1987.

Yours sincerely,

A handwritten signature in cursive script that reads "Ivy St. Lawrence". The signature is written in dark ink on a light background.

Ivy St. Lawrence
Chairman

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CHAIRMAN'S REMARKS

It is an established Ontario Government procedure that various Agencies (such as Council), Boards and Commissions are periodically reviewed. As of March 31, 1987, the Ontario Advisory Council on Senior Citizens is undergoing such a "Sunset Review". A document has been sent to the Government through the Honourable Ron Van Horne, Minister for Senior Citizens' Affairs, evaluating Council's work since the last review in 1984 and projecting the areas to which Council will likely turn its attention in the future. We have requested that two additional members be appointed to Council, as we have found that with only fourteen members we have difficulty in adequately covering the tasks we would like to complete throughout the year. We are very optimistic that Council will be reappointed for a further term, and that our requests for the additional members will be honoured.

In the following pages, Council's achievements during the year are set out in detail. At the risk of duplicating some of the information, however, I want to comment on the philosophy behind our endeavours.

At the commencement of the 1986/87 year, Council decided that this year should be dedicated to independence for senior citizens, whether they live with their families, in their own homes or apartments, in shared or congregate accommodation, retirement homes, nursing homes, homes for the aged, or in chronic or acute care hospitals. In every instance, we are aware that there are methods which would make seniors more independent, thus improving their quality of life. One of our undertakings towards this end was to draw up a Statement of Rights and Responsibilities for Residents in Long-Term Care Facilities, which Mr. Van Horne passed on to the Minister of Health for his consideration.

Last year, Council wrote a paper on seniors' responsibility for their own well-being. In 1986/87, we have continued to emphasize this. We now know that not only can the life span be lengthened, but the quality of older persons' lives can be greatly enhanced by measures they themselves may take to maintain and improve their health. Here again, the

retention of independence is an important factor. Proper attention to diet, regular exercise, abstinence from smoking, avoidance of over-indulgence in alcohol, and careful attention to the use of drugs, whether prescription or over-the-counter--all these measures can make a vast difference to the enjoyment of a senior's later years. To be really independent, a person must be free of debilitating illness, and these steps to well-being will go a long way towards illness prevention.

We have used the pages of **ESPECIALLY FOR SENIORS**, our quarterly newspaper, to get this message and other valuable information to our readership. Commencing with the Summer 1986 issue, the size of the newspaper was increased to 12 pages. More material for our Franco-Ontarian readers has been provided in each issue. Our circulation is now 905,000 and correspondence from readers has increased 20 percent during the year. Every letter has been answered.

The following pages of this report show that Council took other areas of concern under advisement. The major item was a province-wide study of transportation. This was done in conjunction with the Ontario Advisory Council on the Physically Handicapped, the first time the two Councils had worked together on a common problem. Not all disabled persons are seniors, and not all seniors are disabled, but for disabled individuals of all ages and elderly persons who are frail or physically handicapped, transportation is one of the most important needs of their lives. To underscore this, the transportation report was entitled "**The Freedom to Move is Life Itself**". This study was released at a press conference in March, 1987, and has been receiving a great deal of attention from the media.

Here again, our theme of independence was very much in evidence. Without adequate transportation, no person can be truly independent. It is not enough that transportation is available; it must be accessible. If you cannot mount the first high step of a bus, for instance, then that bus is not truly there for you. The report calls for complete accessibility throughout the province by the year 2010. To those who point out that this would

be a costly process, Council answers: **"Nothing will cost more than doing nothing now"**.

I believe that both Councils enjoyed and benefitted from working together. Certainly the members of the Senior Citizens' Advisory Council appreciated the opportunity for closer contact with members of the Physically Handicapped Council. The Councils held a joint meeting to study transportation and other needs in the Kitchener/Waterloo Region, and the Physically Handicapped Council was represented when the Senior Citizens' Council held a consultation meeting in Kirkland Lake. I would hope that in the future, when our interests overlap, we can once again join forces to achieve our objective.

I cannot let the occasion pass without remarking on the courtesy and friendliness with which Council was treated on our trips to Kitchener/Waterloo and Kirkland Lake. While Council's members are drawn from all over the province to assure representation from the various regions, there is something special about meeting and talking with the local residents, and getting a feeling first-hand for their concerns and opinions. I hope that next year we will once again be privileged to visit at least one other region of Ontario.

Last year, we outlined in our Annual Report our hopes for the year. These were: to produce a Statement of Rights and Responsibilities for Residents in Long-Term Care Facilities; to do a transportation study; to look into seniors' housing; and to hold the two consultations mentioned earlier. With the exception of our work on housing which is not yet complete, these aims have been achieved.

As soon as we learn if Council has been granted a further term, we will be making plans for 1987/88. We will take into consideration the needs of our constituents, the seniors of Ontario, the particular expertise of the members who have been appointed to Council, and the requests for information from the Minister for Senior Citizens' Affairs to which we are always happy to respond. I believe our theme will once again be "Independence". This is the heartfelt wish of all senior citizens, and anything Council can do to foster

and encourage their independence, we will do.

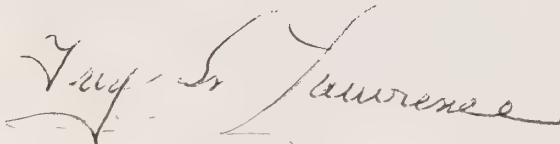
I would like to thank the Honourable Ron Van Horne for his support of Council and his interest in our activities during the past year. We hope our advice has been of help to him and, through him, to the Government of Ontario.

My personal thanks to Council members for their dedication and work throughout the year. It has been a busy year for them and they have responded with enthusiasm. Particular thanks must be expressed to the Chairmen of our two committees: Dr. Charles Eaid of Sault Ste. Marie, Chairman of the "Quality of Life Committee", whose expertise has been of immense help to Council, and Mr. Bert Hanmer of Ottawa, Chairman of the "Issues" Committee, who, in addition to other duties, provided major input into the transportation report and the Statement of Rights and Responsibilities.

Mrs. Mary Tate, our Executive Officer, and Council's staff have helped and supported Council to a degree far beyond what could have been expected of them and we are grateful.

The Advisory Council looks forward to meeting the challenges of the years to come and, most of all, to continue to be of service to the seniors of Ontario.

Sincerely yours,

A handwritten signature in cursive script, reading "Ivy St. Lawrence". The signature is written in dark ink and is positioned above the printed name.

Ivy St. Lawrence
Chairman

COUNCIL'S MANDATE

The Ontario Advisory Council on Senior Citizens was established on April 24, 1974 by an Order-in-Council approved by Her Honour the Lieutenant Governor of Ontario.

The Mandate of Council is:

- (1) To advise the Government of Ontario through the Minister for Senior Citizens' Affairs on matters pertaining to the well-being of the aged and aging persons, and without limiting the generality of the foregoing:
 - (a) to further promote the development and creation of opportunities for self-help for the aged, to their satisfaction and advantage as members of society as a whole;
 - (b) to review current policies which have a bearing on aging and the economy, involving employment, preparation for retirement, income maintenance and health measures, services and facilities of government and otherwise, including education, programs on housing, long-term care, and other related services;
 - (c) to respond to requests from the Minister for Senior Citizens' Affairs for advice and consideration on matters relating to senior citizens.

Council fulfills its mandate by:

- (1) Holding at least four full Council meetings a year;
- (2) Receiving presentations from and consulting with individuals and organizations which represent seniors or are addressing matters of concern to seniors;
- (3) Meeting with staff in various ministries to review current policies and programs;

- (4) Publishing a quarterly newspaper, **ESPECIALLY FOR SENIORS**, encouraging communication between seniors in the province and Council;
- (5) Preparing and distributing position and discussion papers.

In this way, Council seeks to identify the major issues concerning seniors. Through the work of committees, Council develops recommendations which are forwarded to the Minister for Senior Citizens' Affairs to share with his colleagues in Government.

Council is not a funding body, does not undertake case management, and is not involved in the delivery of programs. The provision of funding, research, and program delivery remains the responsibility of the Government, to which Council offers its advice.

Council is very grateful to the many individuals and organizations who have written to or met with Council to share information or express concerns. This communication is invaluable to Council, as it ensures that the advice we offer to Government is relevant to the over 900,000 seniors we serve in Ontario.

Council also acknowledges with thanks the support provided and program information shared by staff in Ministries of the Government of Ontario.

Council Office: Suite 203
700 Bay Street
Toronto, Ontario
M5G 1Z6

Senior Staff: Mary Tate, Executive Officer
Chris Stewart, Research Assistant
Allan Moore, Research Assistant
Valerie Holliday, Administrative Assistant

MEMBERSHIP OF COUNCIL 1986 - 87



Mrs. Ivy St. Lawrence,
Toronto (Chairman)

Mrs. St. Lawrence served for a number of years as the Executive Director of The Canadian Home and School and Parent-Teacher Federation at a time of rapid growth. She is currently involved in the field of Aging as Past Chairman of the Toronto Mayor's Committee on Aging, Constitution and Senior Advisor of the Senior Talent Bank Association of Ontario, sits on the Ontario Board of Regents, Chiropody Act, and is the Charter Past-President and Honorary Director of Summer Rendez-vous for Seniors at Harbourfront. Mrs. St. Lawrence is a recipient of the Ontario Bicentennial Medal and the City of Toronto's Award of Merit.



Dr. C. Eaid,
Sault Ste. Marie (Vice-Chairman)

Dr. Eaid is a physician who has written several medical articles regarding geriatrics and is the physician of record at the F.J. Davey Home for the Aged. He is active in the community and has been involved in many worthwhile projects such as President of the United Way, President of the Historical Society, Member of the Algoma Health Unit, and was Past Chief of Staff of the Plummer Memorial Hospital.



**Mrs. Elsie Kingsbury,
Carleton (Vice-Chairman)**

Mrs. Kingsbury brings a broad interest about seniors to the Council. She owned and operated a nursing home in the past and has been active in her community through her involvement with the Cancer Society, the Heart Fund, Horticultural Society, and a Church Board.



**Dr. Edgar Bailey,
Cambridge**

Dr. Bailey is a retired Baptist Minister; he was, at one time, President of the Baptist Federation of Canada and past member of the Executive Baptist World Alliance. He saw wartime service in World War II and was Chairman, Chaplaincy Committee, Canadian Armed Forces for the Canadian Council of Churches. He was President of the Edmonton Kiwanis Club and recently received the Legion of Honour from Kiwanis International for over 30 years of service. Dr. Bailey is a member of the Senior Needs Advisory Committee, Waterloo Region, and Chairman of three committees at the Fairview Centre.



**Mr. Murray W. Chalmers,
London**

Mr. Chalmers, a respected educator during his career, has been actively involved in community affairs and is a board member of a number of social service agencies.



**Ms. Lynda Ciaschini,
Toronto**

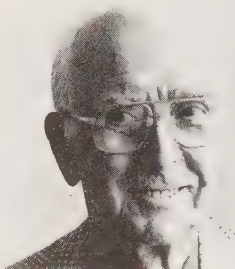
Ms. Ciaschini, a lawyer, is currently a member of the Board of Governors of Humber Memorial Hospital. She is also a member of the Villa Colombo, and other Italian Canadian Associations. Ms. Ciaschini has a background in community work, supervising the Toronto Community Legal Clinic from 1976 to 1979.



**Mrs. P.J. (JoAnne) Fillimore,
Leamington**

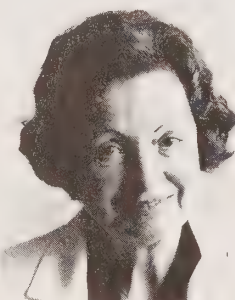
Recently retired as Executive Director of South Essex Community Council, Mrs. Fillimore serves also on the Board of Directors of United Way, Windsor-Essex County, and the South Essex Arts Association. She is also a member of the United Church's London Conference Committee on Ministry to Older Persons and the Leamington Cable T.V. Advisory Committee.

**Mr. Herbert (Bert) Hanmer,
Ottawa**



Mr. Hanmer retired as National Director of the Service Bureau, Royal Canadian Legion. He is a member of Provincial Executive Committees of the United Senior Citizens of Ontario; the Canadian Council on Social Development's Committee on Wages and Incomes in the Nineties; the Canadian Bankers Association's National Advisory Panel on Senior Citizens, and an Honorary Member of the Grants Review Committee of the Ottawa-Carleton Council on Aging.

**Madame Yvonne LeBel,
Kirkland Lake**



A retired teacher, Madame LeBel was active in the local teachers' association and P.T.A. She was Provincial President of L'Association des Enseignants Franco-Ontariens, and a member of the Board of Governors of the Ontario Teachers' Federation for five years. Madame LeBel served on a committee of the Canadian Teachers' Federation and, since her retirement, has become the first President of a new French Senior Citizens' Club and President of the organizing committee of the northern region of the Fédération des Aînés Franco-phones de l'Ontario.



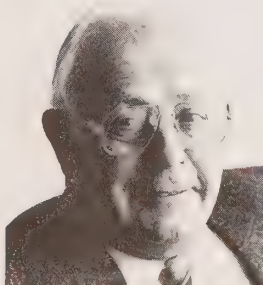
**Mr. Allan A. McNab,
Renfrew**

Mr. McNab, a lawyer, has served on Town Council, Trinity St. Andrew's United Church, and various community projects and associations.



**Mrs. Jean McPherson,
Owen Sound**

Mrs. McPherson has been active in the Women's Institute, United Church Women, and is currently President of the Holland Township Historical Society.



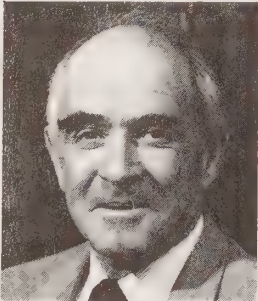
**Mr. Edward Montague,
Jarvis**

Mr. Montague has a wealth of experience in the care and needs of seniors through his 15 years as Administrator at Grandview Lodge in Dunnville, Ontario. Mr. Montague has also served as Chairman of various farm and church organizations in his community, and served as Reeve for the Township of Walpole for eight years.



**Canon Clifford A. Ward,
Toronto**

Canon Ward is Rector of St. Hilda's Church, Toronto and initiated the formation of St. Hilda's Towers Inc., a non-profit group dedicated to providing housing for seniors. Canon Ward is currently President and Chairman of the Board of St. Hilda's and a director of Northwestern General Hospital.



**Mr. Bill Watson,
Mount Forest**

Mr. Watson has served with the Federation of Agriculture in a number of roles. He is an active member of the Royal Canadian Legion and has assisted on a local level with senior citizens' concerns. The shortage of nursing home beds and the lack of chronic care facilities for the elderly in rural areas are matters of significance to him.

TRANSPORTATION - "The Freedom to Move is Life Itself"

As a provincial advisory body, Council researches and makes recommendations on a variety of matters that affect the well-being and quality of life of Ontario's senior citizens. Whether the topic under review is housing, employment, health or any other issue of concern to senior citizens, Council members have found that transportation emerges as a vital consideration. For many seniors, access to transportation is a most important factor in their ability to be independent, to remain in their own homes or to take part in any activity outside the home.

Council's major activity during 1986/87 was the study of transportation issues as they relate to seniors and disabled persons. Council members worked jointly with the Advisory Council on the Physically Handicapped to prepare "**The Freedom to Move is Life Itself**", a Report on Transportation in Ontario. This was the first time the two Councils had prepared a joint report. Although they represent different interest groups, they see a common need for transportation services that are affordable and usable by all.

Freedom to Move presents the Councils' view that independence is important to everyone, and to be as independent and self-reliant as possible, everyone needs transportation. The report sees transportation as "the essential link between home, work, medical facilities, religious centres, shopping, volunteer and social activities."

Council believes that access to appropriate transportation is a right as well as a necessity in Ontario. In 1986, passage of the Equality Rights Amendment Act brought the Ontario Human Rights Code, 1981 in line with the Charter of Rights and Freedoms. Under the Code, everyone in Ontario now has the right to equal treatment with respect to services, goods and facilities. **Freedom to Move** argues that transportation is a service, therefore all Ontario residents have an equal right to accessible and usable transportation services, regardless of where they live.

Freedom to Move presents Councils' vision of a fully integrated transportation system that everyone can use in a dignified manner. Seniors and disabled persons would be able to travel freely throughout the province, using conventional modes of transport such as buses and subways wherever feasible. The main system would be fully accessible to as many people as possible, augmented by accessible vans, taxis and other vehicles which would also provide door-to-door service for those who need it.

Council believes this vision can become reality by the year 2010. **Freedom to Move** examines the effect of an increasing senior and disabled population on transportation needs and looks at special problems in isolated areas. A total of 56 recommendations reflect both urban and rural needs and take into account the costs of a fully accessible system. The report argues that experience in other jurisdictions show these costs are manageable, particularly in view of escalating future costs of specialised services to meet the increasing demand. By phasing in the recommendations, the report allows time for the necessary capital improvements, stressing the point that "**Nothing will cost more than doing nothing now**".

Recognizing that service needs vary in different parts of the province, **Freedom to Move** proposes a system of transportation regions under Regional Boards of Directors which would include representation by seniors. In rural areas, where many seniors must travel considerable distances to reach essential services, a flexible system would make use of existing community resources such as school buses and volunteer drivers where possible. The report also considered the cost of liability insurance for volunteer drivers, a concern raised by a number of seniors.

Seniors provided many constructive comments and suggestions during the preparation of **Freedom to Move**. Council is particularly grateful to those who attended public consultations held jointly by the two Councils, or responded to a survey on transportation-related problems in **ESPECIALLY FOR SENIORS**. Their insight con-

tributed greatly to Council's awareness of local circumstances and regional needs and is reflected in many of the recommendations contained in the report.

Council members and staff are now meeting with organizations and government officials to discuss **Freedom to Move**. Council looks forward to the time when seniors will not have to forfeit their independence for lack of suitable transportation.

STATEMENT OF RIGHTS AND RESPONSIBILITIES FOR RESIDENTS IN LONG-TERM CARE FACILITIES

Council's position is that all members of society have a responsibility to retain an independent lifestyle for as long as possible. At the same time, it is a matter of concern to Council members that seniors who are no longer able to live independently should receive appropriate medical and personal care and the assurance that their interests are protected to whatever extent is necessary. Those individuals who enter long-term care facilities should lose none of their dignity or rights as citizens.

At the request of the Honourable Ron Van Horne, Minister for Senior Citizens' Affairs, Council developed a detailed and comprehensive Statement of Rights and Responsibilities for Residents in Long-Term Care Facilities. This was given to the Minister on a confidential basis for discussion with his colleagues in Cabinet.

Council also made six recommendations indicating its intent in drawing up the Statement of Rights and Responsibilities. In addition to an initial recommendation that there should be such a Statement, Council members outlined the following general objectives:

- o That there be an "admissions contract" incorporating the above Statement of Rights and Responsibilities, which would be compulsory and binding upon all types of long-term care facilities and their residents. This would clearly delineate the expectations of both parties to the admissions contract.

- o That when problems arise there should be a body to act as residents' advocates, and a set grievance procedure.
- o That there should be several types of sanctions and graded violations in cases where charges against a facility or an individual would be appropriate.
- o That definitions used in any legislation regarding long-term care facilities be clear and unambiguous in order to define responsibility and improve accountability of facilities, their owners, administrators and their staff.
- o That special attention and sensitivity aimed at preserving the dignity and worth of the individual should be paramount when drafting any legislation regarding long-term care facilities.

Council is pleased to note that a great many of its recommendations have been incorporated into the proposed Nursing Homes Amendment Act which is now before the Legislature.

HOUSING

Council continued its work on a broad range of issues related to housing for senior citizens. In addition to such topics as the need for housing alternatives and the problems of housing indigent older people, this year Council members directed special attention to the concerns of senior homeowners.

An informal survey conducted through the Fall 1986 edition of **ESPECIALLY FOR SENIORS** contributed useful information about the variety of difficulties experienced by seniors who continue to live in their own homes. Responses from 178 readers in both urban and rural regions of the province highlighted specific problems associated with home maintenance, financial resources, health, home support and respite care services, and transportation.

Many senior homeowners identified lack of assistance with routine, seasonal chores such as snow shovelling, installing storm windows or yard-cleaning as their major problem. As well, respondents noted a shortage of affordable, skilled tradespeople willing to undertake smaller projects.

Financial difficulties that include insufficient income to cover the high costs of home repairs and municipal taxes make it hard for some seniors to maintain or even retain their homes. Some commented that they did not have enough money to live on.

Many senior homeowners observed that poor health and disabilities, lack of home support or respite care programs, and inadequate transportation services also hampered their efforts to remain in their own homes.

Council members are most grateful to those seniors who supplied comments and ideas from their personal experience. After a thorough review of the survey results, Council forwarded the findings to the Minister for Senior Citizens' Affairs, with a number of suggestions for consideration as he develops a strategic policy for seniors' housing.

As part of their research into housing issues, Council members visited Stephenson House, one section of a seniors' housing project in downtown Toronto. Operated by Senior Link Inc. a non-profit company, Stephenson House is home to ten residents whose needs are looked after by a live-in housekeeper. The residents have separate bedrooms but share living, dining and cooking facilities. Council members found this a most interesting form of alternative accommodation and were delighted with the opportunity to meet residents and staff. Members also looked at the project's independent condominium apartments. Senior Link is now planning a third phase, an apartment building with limited home support services.

OTHER ACTIVITIES

A New Agenda

In June, 1986, the Minister for Senior Citizens' Affairs released a White Paper outlining the Ontario Government's directions in health and social programs for the province's seniors. Entitled **A New Agenda**, the document proposed immediate actions and long-term strategies to guide the development and delivery of services to the year 2001.

Council members met with senior staff of the Office for Senior Citizens' Affairs to review and discuss the proposals. Council strongly endorsed the document which reflected many of Council's own views. Five major strategies encompassed health promotion and illness prevention, the enhancement of community support services, high quality long-term care, specialised geriatric services throughout the province, and a planned approach to the development of services for seniors. In particular, Council members supported the premise that services for seniors must be planned, implemented and delivered on a holistic or comprehensive basis. While Council takes the position that seniors should accept responsibility for their lives as fully as possible, it also recognizes that appropriate coordinated services should be in place for those who need them.

Council looks forward to a continuing role in the consultative process as the Government moves to implement its proposals.

Nursing Homes Amendment Act

In addition to its work on the Statement of Rights and Responsibilities for Residents in Long-Term Care Facilities, Council was invited to participate in consultations concerning the proposed **Nursing Homes Amendment Act**. Members met with staff of the Ministry of Health to review the draft text and later submitted recommendations designed to improve both its clarity and its enforceability. A number of these recommendations have been incorporated into the proposed Act.

Overall, Council members felt that the proposed legislation promised improvements in such areas as representation on behalf of residents, the reporting of elder abuse, and standards of care and accountability.

One-Stop Access

Council met with staff of the Office for Senior Citizens' Affairs to review and discuss the proposal for One-Stop Access, one of the immediate actions presented in the June White Paper. Under this initiative, seniors and disabled persons would have access to a full range of coordinated services in one location, and could receive a professional assessment of their functional abilities. Priority would be given to northern, rural and underserved areas of the province.

Council has given its support in principle to the concept of a single point of entry for community services, and looks forward to the implementation of the pilot project.

Senior Citizens' Month

The Minister for Senior Citizens' Affairs asked Council to participate in selection of a theme for Senior Citizens' Month, to be observed in June, 1987.

Members consulted with the Office for Senior Citizens' Affairs and decided unanimously to recommend "Aging is a Lifelong Affair". In Council's view, this slogan would promote a positive public image of the dynamic role that seniors can and do have in Ontario, and would be an appropriate theme for a month of activities that highlight the contributions of older people.

Council valued the opportunity to be involved in this important decision.

"Love's Labour"

Council was also consulted during the preparation and release of "Love's Labour", a documentary film aired in February, 1986 by TVOntario. The film was based on the day-to-day lives of four families caring for frail, elderly relatives. Members were impressed by the quality of the film and its sensitive portrayal of four seniors and their families at difficult times in their lives.

"Love's Labour" was produced by TVOntario in cooperation with the Mental Health Division and the Social Development Directorate of Health and Welfare Canada, the Ontario Ministries of Health and Community and Social Services, and the Office for Senior Citizens' Affairs. Council is most appreciative of Ontario Educational Communications Authority programs that focus on seniors and topics of interest to them.

Parkinson's Disease

Parkinson's Disease is a chronic, progressive nervous disease that affects approximately 2.5 percent of all seniors. According to medical statistics, 8 out of every 10,000 hospital admissions are identified directly with the disease, and 80 percent of the people admitted are 65 years of age or older.

Council is aware of the tremendous stress Parkinson's Disease can place on Parkinson's patients and their families, and recognizes the importance of assistance. After researching the disease and related issues, Council forwarded four recommendations to the Minister for Senior Citizens' Affairs with the suggestion that he might wish to share them with the Minister of Health. The recommendations were as follows:

- o An increase in physiotherapy, occupational therapy and specialised home services for Parkinson's patients, for example, group physiotherapy.

- o The encouragement of further research and enhancement of drugs to combat the disease.
- o Tax credits for medically approved exercise equipment, through reductions in applicable provincial sales tax and a deduction in federal income tax as a medical expense.
- o Recognition of the need for patients in the later stages of the disease to have access to respite care beds, and of the need for increased homemaker services for care-givers.

Social Assistance Review Committee

Under Chairman George Thomson, the Social Assistance Review Committee has been examining provincial social assistance programs. The aim is a thorough overhaul of the current system to bring it in line with the changing needs of Ontario's citizens.

Over the years, Council has made a variety of recommendations to Government concerning social assistance and related programs that affect the well-being of seniors. In this instance, a written submission to the Committee highlighted two major areas:

- o Council's concern that financial assistance should be provided to all persons 60 - 64 years of age in financial need. The current Spouse's Allowance does not include benefits for single, divorced or separated persons in that age group.
- o Council's belief that some older workers prefer jobs to social benefits. For these employable older persons, Council proposed suitable training and employment opportunities to enable them to continue working.

Continuing Education

The Ministry of Education approached Council for advice on the continuing education needs of seniors. After meeting with Ministry representatives, including the Chairman of the Continuing Education Review Project, Council made a number of recommendations concerning the type and availability of programs.

In general, members feel that today's increased level of education will reduce future demand for courses in basic skills. Tomorrow's seniors will likely be more interested in practical courses that are relevant to community interests and their own recreational needs. Council members stressed the importance of opportunities for continuing physical education in terms of both health promotion and recreation. Council's response also noted a general preference for programs during daylight hours and in less formal settings, proposing school buses as one way to overcome transportation difficulties in winter. It was suggested that seniors should be involved in planning and developing programs geared to their own needs and interests.

Coroner's Reports

During the year, Council received a number of reports from the Chief Coroner of Ontario for review and comment. These reports cover findings of the Coroner's Jury at inquests where the circumstances raise questions about the care of senior citizens in general.

Council members studied these reports carefully and submitted comments and recommendations in a number of instances. The Chief Coroner, Dr. Ross C. Bennett, shares Council's comments with presiding Coroners.

By responding to requests such as these, Council is able to provide community input and information to the Coroners.

Municipal Elections

For some seniors, exercising their right to vote in an election may depend on the location of the polling station and its accessibility. Council made this point in a presentation to the Advisory Committee on Municipal Elections, and members were pleased to note that their concern was reflected in the Committee's final report in February.

The Advisory Committee was established by the Minister of Municipal Affairs to review the municipal electoral process and made recommendations for improvements. Among its recommendations that incorporated Council's views were the following:

- o That election officials ensure, where practical, that voting stations are accessible to seniors, to the mobility impaired and to persons with disabilities.
- o That the proposed Ontario Local Government Elections Commission work with Council and the Ontario Advisory Council on the Physically Handicapped to recommend guidelines for accessible voting stations.
- o That municipalities be encouraged to establish local advisory committees to help identify and determine the location of accessible voting stations.

PUBLIC CONSULTATION

Council's mandate is to advise the Ontario Government, through the Minister for Senior Citizens' Affairs, on matters relating to the well-being of the province's seniors. Wherever possible, Council seeks input on these matters from seniors themselves.

One way is through public consultation. Besides providing Council with views and comments that assist in its work, consultation with seniors across the province enables Council members to meet personally with the

people they represent and to remain sensitive to the issues that affect their lives.

In co-operation with the Ontario Advisory Council on the Physically Handicapped, Council held two public consultations in 1986/87. The meetings focussed on transportation, a subject of major interest to both Councils, and the topic of their joint study.

As promised by the Chairman in the 1985/86 Annual Report, five members of the Councils accompanied by two staff members visited Kirkland Lake. This area has a rather unique situation with a large senior population. About 50 people attended this meeting, and a total of 13 presentations were made. Besides transportation, topics raised at the meeting ranged from housing and long-term care to recreation activities and special education.

Council's hosts arranged interesting visits to housing and long-term care projects, recreation facilities, and even a local mine, to give their visitors some first-hand knowledge of the area.

Representatives of the two Councils also visited Kitchener-Waterloo in June, 1986. Members received a total of 14 written briefs, of which 11 were presented at the open forum. Participants provided helpful insight into the transportation-related problems experienced by both consumers and service-providers in the region.

Council members were moved by the warmth of the welcome received in both communities. Individuals as well as groups and organizations gave heartening support for Council's work and provided the kind of thoughtful information and recommendations that made the exercise most productive. The knowledge and opinions shared with members made a considerable contribution to Council's major work of the year, the report on transportation.

ESPECIALLY FOR SENIORS

Council's quarterly newspaper, **ESPECIALLY FOR SENIORS**, provides a valuable link between Council members and more than 900,000 Ontario citizens over the age of 65.

Beginning with the Summer 1986 issue, **ESPECIALLY FOR SENIORS** expanded from 8 to 12 pages, allowing more space for news and information as well as increased French-language content. Readers have responded with enthusiasm to the extra pages.

ESPECIALLY FOR SENIORS was first published in 1975 to bring information directly to seniors about programs and services of benefit to them. The newspaper provides a vehicle to promote the health and independence of Ontario's seniors, and an opportunity for the exchange of views and knowledge between readers and the Council.

In the first quarter of 1987, correspondence from readers set an all-time record. Seniors' comments are a valuable source of information to Council members and, through them, to the Minister for Senior Citizens' Affairs and the Ontario Government as they develop policy in different areas.

Council endeavours to ensure that the advice it gives and the recommendations it puts forward reflect the ideas and concerns of the people it represents. Council members have found reader response to surveys conducted through **ESPECIALLY FOR SENIORS** particularly helpful in their work. The experience and suggestions of senior homeowners (Housing Survey, Fall 1986) and results of the survey on transportation (How's Transport?, Winter 1986) contributed a great deal of useful input into reports and recommendations prepared by Council. Responses to a survey on library use by seniors conducted through the Spring 1987 edition will be of assistance to the Ministry of Citizenship and Culture as its Library Branch redesigns services for seniors.

Council looks forward to a continuing dialogue with seniors across the province through the pages of **ESPECIALLY FOR SENIORS**.

CONFERENCES AND COMMITTEES

During 1986/87 Council was represented at the following Conferences and Meetings:

Association of Jewish Seniors, Toronto
Annual Meeting

Baycrest Family Services Division, Seminar

Canadian Pensioners Concerned, Ontario Division
Annual Meeting

Canadian Perspectives on Health Promotion
and Aging Conference, Hamilton

Chinese Golden Age Society, Annual Dinner

Metropolitan Toronto Housing Corporation
Limited, President's Luncheon

Niagara Region Seniors' Games, Opening
Ceremonies

Ontario Gerontology Association, Annual Meeting
and Conference

Ontario Library Association, "Age-it-ation"
Conference (Conference Chairman)

Ontario Seniors' Games, Closing Conference

Ottawa/Carleton Seniors' Council, Annual
Meeting

Ryerson Polytechnical Institute
Department of Gerontology

Third Annual McMaster Summer Institute on
Gerontology

Toronto Mayor's Committee on Aging,
Symposium on Elder Abuse

United Senior Citizens of Ontario, Annual
Conference

**Council members assisted the
following Committees:**

1. Board of Regents, Chiropody Act
2. Canadian Advertising Standards Council
Advisory Committee
3. Canadian Standards Association/International
Standards Organizations - Child Resistant
Packaging Committee
4. Ministry of Citizenship and Culture -
Theatre Ontario Advisory Group
5. Ministry of the Attorney General's Advisory
Committee on Substitute Decision Making for
Mentally Incapable Persons
6. Ministry of Community and Social Services'
Public Education and Volunteerism Projects
Steering Committee
7. Ministry of Health's Ontario Drug Benefit Liaison
Committee
8. Ontario Hospital Association Advisory Panel
on Seniors' Health Issues
9. Statistics Canada 1986 Census Advisory
Committee
10. Statistics Canada 1991 Census Advisory
Committee
11. Transport Canada Planning Committee for
Demonstration of Accessible Taxis in Ottawa
12. Task Force on Technology, Metropolitan Toronto
District Health Council
13. Ontario Educational Communications Authority,
Consultation on "Love's Labour"
14. Ministry of Consumer and Commercial Relations,
Legislative Review Project.

Les membres du conseil ont participé aux travaux des comités suivants:

1. Association canadienne de normalisation/organismes internationaux de normalisation - comité sur les emballages sécuritaires pour les enfants.
2. Comité consultatif du Conseil canadien des normes publicitaires.
3. Comité consultatif du ministère du Procureur général sur les modalités relatives aux prises de décisions au nom de personnes frappées d'incapacité mentale.
4. Comité consultatif sur le recensement de 1986 - Statistique Canada.
5. Comité consultatif sur le recensement de 1991 - Statistique Canada.
6. Comité de liaison du régime de médicaments gratuits de l'Ontario - ministère de la Santé.
7. Comité de planification de Transports Canada sur le projet d'accessibilité des taxis à Ottawa.
8. Comité d'organisation des projets d'éducation du public et de bénévolat du ministère des Services sociaux et communautaires.
9. Conseil d'administration, Loi sur les podologues.
10. Groupe consultatif sur le théâtre en Ontario - ministère des Affaires civiques et culturelles.
11. Groupe consultatif sur les questions relatives à la santé des personnes âgées - Association des hôpitaux de l'Ontario.
12. Groupe de travail sur la Technologie - Conseil régional de santé de la Communauté urbaine de Toronto.
13. Office de télécommunication éducative de l'Ontario - consultation au sujet de la production de "Love's Labour".
14. Projet de révision des lois - ministère de la Consommation et du Commerce.

CONFÉRENCES ET COMITÉS

En 1986-1987 le conseil a été représenté aux conférences et rencontres suivantes:

- Association of Jewish Seniors, Assemblée annuelle de Toronto
- Baycrest Family Services Division,
- Canadian Pensioners Concerned, Ontario Division Assemblée annuelle
- Chinese Golden Age Society, Annual Dinner
- Conférence sur les perspectives canadiennes de la promotion de la santé et du vieillissement, Hamilton
- Métropolitain Toronto Housing Corporation Limited, Déjeuner-causerie du président
- Niagara Region Seniors' Games, Cérémonies d'ouverture
- Ontario Gerontology Association, Assemblée et conférence annuelles
- Ontario Library Association, "Age-it-ation" Conférence du président
- Ontario Seniors' Games, Conférence de clôture
- Ottawa/Carleton Seniors' Council, Assemblée annuelle
- Ryerson Polytechnical Institute Département de gérontologie
- Third Annual McMaster Summer Institute on Gerontology
- Toronto Mayor's Committee on Aging, Symposium on Elder Abuse
- United Senior Citizens of Ontario, Conférence annuelle

au questionnaire sur l'utilisation des services de bibliothèque,
paru dans l'édition du printemps 1987 seront utiles à la Direction
des bibliothèques du ministère des Affaires civiles et
culturelles en vue de réorganiser les services aux personnes
âgées.

Le conseil a l'intention de poursuivre le dialogue avec les
personnes âgées de la province dans les pages de ESPECIALLY FOR
SENIORS.

ESPECIALLY FOR SENIORS

Le bulletin d'information trimestriel du conseil, ESPECIALLY FOR SENIORS, constitue un lien très utile entre les membres du conseil et les quelque 900 000 citoyens de l'Ontario qui sont âgés de plus de 65 ans.

Depuis l'édition de l'été 1986, ESPECIALLY FOR SENIORS est passé de 8 à 12 pages permettant ainsi de publier un plus grand nombre de nouvelles et de renseignements et d'accroître le nombre d'articles en français. Les lecteurs ont réagi avec enthousiasme à l'augmentation du nombre de pages.

ESPECIALLY FOR SENIORS est publié depuis 1975 dans le but d'informer les personnes âgées des programmes et des services qui leur sont destinés. Ce bulletin d'information est un véhicule qui permet de promouvoir la santé et l'autonomie des personnes âgées de l'Ontario, tout en donnant l'occasion aux lecteurs et aux membres du conseil d'échanger des opinions et des renseignements.

Au cours du premier trimestre de l'année 1987, le courrier provenant des lecteurs a atteint un niveau record. Les commentaires des personnes âgées sont une source de renseignements très utiles pour les membres du conseil et, par leur intermédiaire, pour le ministre délégué aux Affaires des personnes âgées et le gouvernement de l'Ontario chargés de développer des politiques dans divers secteurs.

Le conseil s'assure que les conseils qu'il donne et les recommandations qu'il soumet reflètent les opinions et les préoccupations des personnes qu'il représente. Les membres du conseil ont jugé que les réponses des personnes âgées au questionnaire paru dans ESPECIALLY FOR SENIORS furent particulièrement utiles à leur travail. L'expérience et les suggestions des personnes âgées qui sont propriétaires (questionnaire sur le logement, automne 1986) et les réponses au questionnaire sur le transport (l'état du transport, hiver 1986) ont permis d'intégrer un grand nombre d'éléments très utiles aux rapports et recommandations préparés par le conseil. Les réponses

Par ailleurs, des représentants des deux conseils ont visité Kitchener-Waterloo en juin 1986. Ils ont reçu environ 14 mémoires dont 11 ont été présentés lors d'un forum public. Les participants ont fait des remarques judiciaises sur les problèmes de transport qui se posent à la fois pour les usagers et les fournisseurs de la région.

Les membres du conseil ont été touchés par la chaude réception qu'on leur a faite dans chaque ville. Les particuliers autant que les groupes et les organismes ont chaleureusement appuyé le travail du conseil et fourni des renseignements judiciaies et des recommandations qui ont rendu cet exercice très profitable. En fait, les opinions et les renseignements recueillis par les membres à ce moment-là ont aidé considérablement le conseil à effectuer son travail le plus important de l'année, soit son rapport sur le transport.

CONSULTATION PUBLIQUE

Le conseil a pour mandat d'aviser le gouvernement de l'Ontario, par l'entremise de son ministre délégué aux Affaires des personnes âgées, sur les questions relatives au bien-être des personnes âgées de la province. Lorsque cela est possible, le conseil doit essayer d'obtenir l'avis des personnes âgées elles-mêmes sur ces questions.

Le conseil tient, pour ce faire, des consultations publiques qui, en plus de fournir au conseil des points de vue différents et des commentaires qui l'aident dans son travail, permettent aux membres de rencontrer personnellement les gens qu'ils représentent et de rester à l'écoute des questions qui les concernent.

Le conseil a tenu deux consultations de ce genre en 1986-87 en collaboration avec le Conseil consultatif de l'Ontario sur les handicapés physiques. Ces rencontres ont porté sur la question du transport, laquelle revêt un intérêt particulier pour chaque conseil et a fait l'objet d'une étude conjointe.

Tel que promis par le président dans le rapport annuel de 1985-86, cinq membres du conseil, accompagnés de deux membres du personnel, se sont rendus à Kirkland Lake. Cette région possède des caractéristiques uniques et une forte concentration de personnes âgées. Environ 50 personnes ont assisté à cette réunion au cours de laquelle on a effectué 13 présentations. En plus du transport, les sujets abordés lors de cette réunion avaient trait, entre autres, au logement, aux soins prolongés, aux activités récréatives et aux programmes pour l'enfance en difficulté.

Les hôtes de cette réunion ont fait visiter aux membres du conseil des endroits très intéressants soit, entre autres, des projets de construction résidentielle, des établissements de soins prolongés, des installations récréatives, et même une mine, de façon à leur permettre d'approfondir leurs connaissances de la région.

Elections municipales

Les membres du conseil, après avoir soigneusement étudié ces rapports, ont fait des commentaires et des recommandations sur plusieurs points que le coroner en chef, le Dr Ross C. Bennett, a ensuite partagés avec les autres coroners.

En répondant à des demandes comme celles-ci, le conseil est en mesure de donner aux coroners de l'information et des renseignements pertinents sur la communauté.

Pour quelques personnes âgées, l'exercice du droit de vote lors d'une élection peut dépendre de l'emplacement du bureau de scrutin et de son accessibilité. Les membres du conseil ont insisté sur ce point lors d'une présentation faite au Comité consultatif sur les élections municipales et ont eu, par la suite, le plaisir de constater que leurs préoccupations ont été adressées dans le rapport final du comité déposé en février dernier.

Le comité consultatif a été mis sur pied par le ministre des Affaires municipales pour étudier le processus électoral municipal et faire des recommandations dans le but de l'améliorer. Parmi les recommandations qui reflètent les points de vue du conseil, citons :

- Que les agents électoraux prennent des dispositions pour que, lorsque cela est possible, les bureaux de scrutin soient accessibles aux personnes âgées, aux personnes en fauteuil roulant et aux handicapés.
- Que la commission proposée sur les élections des gouvernements locaux de l'Ontario collabore avec le conseil ainsi qu'avec le Conseil consultatif de l'Ontario sur les handicapés physiques pour élaborer des directives sur l'accessibilité des bureaux de scrutin.
- Que les municipalités soient encouragées à établir des comités consultatifs locaux pour identifier et déterminer l'emplacement et l'accessibilité des bureaux de scrutin.

Au cours de l'année, le coroner en chef de l'Ontario a demandé au conseil d'étudier et de commenter de nombreux rapports concernant les découvertes lors d'enquêtes du coroner au cours desquelles on a soulevé certaines questions relativement aux soins accordés aux personnes âgées en général.

Rapports du coroner

des programmes concernant leurs besoins et leurs intérêts. personnes âgées participent à la planification et à l'élaboration transport durant l'hiver. Il a été suggéré, par ailleurs, que les proposait l'utilisation d'autobus pour résoudre les problèmes de les programmes d'éducation de jour dans un cadre moins officiel et réponse du conseil dénotait également une nette préférence pour d'éducation physique comme activité récréative et de santé. La offrir aux personnes âgées la possibilité de suivre des cours membres du conseil insistent sur l'importance de continuer à intérêts communautaires et de leurs besoins récréatifs. Les intéressés à suivre des cours pratiques tenant compte de leurs probable, en effet, que les personnes âgées de demain seront plus long terme la demande de cours dans les matières de base. Il est d'éducation actuel - plus élevé - aura pour effet de réduire à Les membres du conseil estiment, pour la plupart, que le niveau programmes offerts par le ministère.

recommandations concernant la nature et la disponibilité des de l'éducation permanente, le conseil a fait un certain nombre de représentants du ministère et le président du Comité de révision d'éducation permanente. A la suite d'une rencontre avec les relativement aux besoins des personnes âgées en matière Le ministère de l'Éducation a demandé au conseil son avis

Éducation permanente

Les convictions du conseil relativement au fait que certaines personnes âgées préfèrent le travail à l'aide sociale. Le conseil propose en effet de donner aux personnes âgées, capables de travailler, une formation et des possibilités d'emploi leur permettant de continuer à travailler.

Les préoccupations du conseil relativement à la nécessité de fournir une aide financière aux personnes de 60 à 64 ans qui éprouvent des difficultés financières. L'allocation actuelle du conjoint ne comprend pas les indemnités de personnes célibataires, divorcées ou séparées faisant partie de ce groupe d'âge.

Le conseil est conscient du fait que les personnes et les familles touchées par la maladie de Parkinson vivent sous un stress constant et qu'elles ont besoin d'aide. Après avoir fait des recherches sur cette maladie et autres affections connexes, le conseil a soumis quatre recommandations au ministre délégué aux Affaires des personnes âgées en lui suggérant de les communiquer également au ministre de la Santé. Ces recommandations proposent:

- D'augmenter les traitements de physiothérapie, d'ergothérapie et les soins spécialisés à domicile comme, par exemple, la physiothérapie de groupe, pour les personnes atteintes de la maladie de Parkinson.
- D'encourager la recherche continue et le développement de médicaments pour combattre cette maladie.
- D'accorder des crédits d'impôt pour les appareils d'exercices médicaux approuvés, en réduisant la taxe de vente provinciale appliquée à ces articles et en les déduisant de l'impôt sur le revenu fédéral comme dépenses médicales.
- De reconnaître que les patients ont besoin, dans les derniers stades de la maladie, d'avoir accès à des lits pour soins de répit et à des services d'aides familiales accrues de la part du personnel soignant.

Comité de révision de l'aide sociale

Le comité de révision de l'aide sociale, sous la présidence de George Thomson, a étudié les programmes d'aide sociale provinciaux dans le but de réviser entièrement le système actuel pour mieux l'adapter aux besoins changeants de la population de l'Ontario. À chaque année, le conseil fait un certain nombre de recommandations au gouvernement au sujet de l'aide sociale et de programmes connexes affectant le bien-être des personnes âgées. Cette année, le document soumis au comité mettait l'accent sur deux points importants:

Les membres, de concert avec l'Office des personnes âgées, ont décidé à l'unanimité de recommander "Vieillesse", c'est l'affaire de toute une vie". Selon le conseil, ce slogan devrait permettre de promouvoir parmi la population une image positive du rôle dynamique joué par les personnes âgées en Ontario et devrait être à propos pour un mois soulignant la contribution des personnes âgées.

Le conseil a apprécié la chance de pouvoir participer à cette importante décision.

"Love's Labour"

Le conseil a également été consulté au cours de la préparation et du lancement de "Love's Labour", documentaire présenté sur les ondes de TVOntario en février 1986. Ce film est basé sur la vie quotidienne de quatre familles prenant soin de leurs parents âgés et faibles. Les membres du conseil ont été impressionnés par la qualité de ce documentaire qui brosse un tableau réaliste de la vie de quatre personnes âgées et de leurs familles lors de moments difficiles.

"Love's Labour" a été produit par TVOntario en collaboration avec la Division de la santé mentale et la Direction du développement social de Santé et bien-être Canada, les ministères ontariens de la Santé et des Services sociaux et communautaires, et l'Office des personnes âgées. Les programmes de l'Office de la télécommunication éducative de l'Ontario qui traitent des personnes âgées et des sujets qui les concernent sont très appréciés des membres du conseil.

Maladie de Parkinson

La maladie de Parkinson est une affection neurologique progressive chronique qui affecte environ 2.5% de toutes les personnes âgées. Selon des statistiques médicales, 8 personnes sur 10 000 admis à l'hôpital souffrent de cette maladie et 80% d'entre elles ont 65 ans ou plus.

Loi modifiant la Loi sur les maisons de soins infirmiers

En plus du travail qu'il a effectué sur la Déclaration des droits et des responsabilités des résidents d'établissements de soins de longue durée, le conseil a participé aux consultations entourant le Projet de loi modifiant la Loi sur les maisons de soins infirmiers. Les membres ont rencontré le personnel du ministère de la Santé afin de réviser l'avant-projet de loi et ont soumis par la suite des recommandations permettant de le clarifier et d'en faciliter l'application.

En résumé, les membres du conseil ont estimé que le projet de loi proposé allait permettre des améliorations dans certains domaines tels que la représentation des intérêts des pensionnaires, la lutte contre la violence envers les personnes âgées, les normes de soins et la responsabilité des intervenants.

Porte d'accès

Le conseil a rencontré le personnel de l'Office des personnes âgées afin de réviser et de discuter du projet Porte d'accès. Il s'agit d'une des propositions contenues dans le livre blanc du mois de juin. Ce projet permettrait aux personnes âgées ou handicapées d'avoir accès à une série de services complémentaires au même endroit, et de recevoir une évaluation professionnelle de leur capacité physique. La mise en oeuvre de ce programme devrait se faire prioritairement dans le Nord et les régions rurales ou celles ayant un accès limité à des services.

Le conseil a approuvé le principe d'un endroit unique devant permettre de recevoir les services communautaires et attend avec impatience l'établissement d'un projet-pilote.

Le Mois des personnes âgées

Le ministre délégué aux Affaires des personnes âgées a demandé au conseil de participer au choix d'un thème pour le Mois des personnes âgées, c'est-à-dire pour le mois de juin 1987.

l'établissement. Les membres ont aussi eu la chance de jeter un coup d'oeil sur le complexe d'appartements en copropriété. Senior Link planifie présentement une troisième phase, un édifice à logements offrant des services élémentaires de soutien à domicile.

AUTRES ACTIVITÉS

Nouvelles orientations

En juin 1986, le ministre délégué aux Affaires des personnes âgées rendait public un livre blanc établissant la position du gouvernement en matière de santé et de programmes sociaux pour les personnes âgées de la province. Intitulé **Nouvelles orientations**, ce document proposait des gestes immédiats et des stratégies à long terme devant permettre de guider le développement et la prestation des services jusqu'à l'an 2001.

Les membres du conseil ont rencontré les cadres de l'Office des personnes âgées pour réviser et discuter des propositions du livre blanc. Le conseil a endossé sans équivoque le document qui reflétait plusieurs des positions qu'il avait déjà prises dont cinq importants énoncés de stratégie incluant la promotion de la santé et la prévention des maladies, l'amélioration des services communautaires de soutien, les soins de longue durée de qualité, les soins gériatriques spécialisés à travers la province, et une approche planifiée du développement des services aux personnes âgées. Les membres du conseil ont spécialement appuyé le principe voulant que les services soient planifiés, mis en oeuvre et offerts sur une base globale et holistique. Bien que le conseil reconnaisse que les personnes âgées doivent conserver leur autonomie autant que cela est possible, il reconnaît également que des services adaptés et coordonnés doivent être présents pour tous ceux qui en ont besoin.

Le conseil prévoit jouer un rôle actif de consultation au fur et à mesure que le gouvernement appliquera ses propositions.

Plusieurs personnes âgées ont mentionné le manque d'aide pour de petits travaux routiniers et saisonniers tels que le nettoyage de la neige, l'installation des doubles fenêtres ou le nettoyage de la cour comme étant un de leurs problèmes majeurs. De plus, les répondants ont remarqué une pénurie de commerçants qui seraient prêts à effectuer de légers travaux.

Les difficultés financières, incluant l'insuffisance de revenus pour pouvoir défrayer les coûts élevés des réparations et les taxes municipales, rendaient difficile l'entretien et même la garde de leur maison. Certains allaient jusqu'à déclarer qu'ils n'avaient pas assez d'argent pour survivre.

Plusieurs personnes âgées propriétaires ont noté qu'une santé chancelante, un handicap, le manque de programmes de services de soutien et de relève, et des services de transport inadéquats nuisaient également à leurs efforts pour demeurer dans leur propre maison.

Les membres du conseil sont très reconnaissants envers les personnes qui ont fourni leurs commentaires et suggestions à partir de leur expérience personnelle. Après une étude complète des résultats de l'enquête, le conseil a fait parvenir ses conclusions au ministre délégué aux Affaires des personnes âgées en y incluant un certain nombre de suggestions à être prises en considération au moment d'élaborer une politique concernant le logement des personnes âgées.

Dans le cadre de leurs recherches sur les questions touchant le logement, les membres du conseil ont visité Stephenson House, une partie d'un complexe immobilier pour personnes âgées situé dans le centre-ville de Toronto. Géré par Senior Link Inc., une société sans but lucratif, Stephenson House est un foyer où l'on retrouve dix pensionnaires dont s'occupe un concierge en résidence. Les pensionnaires ont tous une chambre privée mais partagent des salles communes pour les activités quotidiennes (repas, loisirs, etc.). Les membres du conseil ont trouvé des plus intéressantes cette formule non-conventionnelle de logement et ont de plus été très heureux de rencontrer les pensionnaires et le personnel de

- Qu'une liste d'infractions soit établie et que des sanctions soient prévues au cas ou des poursuites contre un établissement ou une personne soient engagées.

- Que les définitions contenues dans les lois portant sur les établissements de soins de longue durée soient claires et sans ambiguïté afin de définir et d'accroître la responsabilité des établissements, de leurs propriétaires et du personnel.

- Qu'une attention toute spéciale soit portée prioritairement à la sauvegarde de la dignité et de l'intégrité des personnes au moment de rédiger des lois concernant les établissements de soins de longue durée.

- Le conseil est heureux de constater que plusieurs de ses recommandations ont été intégrées dans le Projet de loi modifiant la Loi sur les maisons de soins infirmiers que l'Assemblée législative étudie présentement.

LOGEMENT

Le conseil a continué son étude des nombreux problèmes de logement auxquels font face les personnes âgées. En plus de se pencher sur les différentes options de logement et sur le problème du logement des personnes âgées indigentes, les membres du conseil ont voulu, cette année, accorder une attention toute spéciale aux préoccupations des personnes âgées propriétaires.

Un questionnaire inséré dans l'édition d'automne 1986 du bulletin d'information ESPECIALLY FOR SENIORS s'est révélé une source d'information utile sur la gamme de difficultés que rencontrent les personnes âgées qui habitent toujours dans leur propre maison. Les réponses de 178 lecteurs provenant de milieu rural comme urbain de la province ont permis d'identifier certains problèmes liés à l'entretien des maisons, aux ressources financières, à la santé, aux services de soutien et de relève à domicile, et au transport.

DÉCLARATION DES DROITS ET DES RESPONSABILITÉS DES RÉSIDENTS D'ÉTABLISSEMENTS DE SOINS DE LONGUE DURÉE

Le conseil considère que tous les membres de notre société ont le droit de conserver un mode de vie indépendant aussi longtemps que possible. Cependant, les membres du conseil se préoccupent des personnes âgées qui ne peuvent vivre sans soutien et veulent que celles-ci reçoivent les soins médicaux et personnels appropriés de même que l'assurance que leurs droits sont protégés. Les personnes qui entrent dans un établissement de soins de longue durée ne devraient en aucun cas être dépourvues de leurs droits de citoyen ou de leur dignité.

À la demande du ministre délégué aux Affaires des personnes âgées, l'honorable Ron Van Horne, le conseil a élaboré une Déclaration des droits et des responsabilités pour les résidents des établissements de soins de longue durée. Cette dernière, détaillée et globale, fut remise, sous le sceau de la confidentialité au ministre afin qu'il puisse en discuter avec ses collègues du Conseil des ministres.

Le conseil a également émis six recommandations expliquant les objectifs qui ont guidé la rédaction de la Déclaration des droits et des responsabilités. En plus de la recommandation établissant la nécessité d'une telle Déclaration, les membres du conseil ont proposé les objectifs suivants:

- Qu'on devrait établir un "contrat d'admission" qui inclurait la Déclaration des droits et des responsabilités. Ce contrat d'admission serait obligatoire et lierait tous les genres d'établissements de soins de longue durée et leurs clients afin d'établir clairement les droits des deux parties au moment de l'admission.

- Que l'existence d'un organisme pouvant agir en tant que défenseur des droits des résidents et amorcer une procédure de grief est essentielle lorsque survient des problèmes.

services spécialisés qui seront nécessaires pour répondre à la demande. En suggérant une mise en oeuvre progressive des recommandations, le rapport prévoit une certaine période de temps pour effectuer les dépenses d'immobilisation qui seront nécessaires en vue d'apporter les améliorations requises, tout en soulignant que "c'est l'inaction dans ce domaine qui serait la plus coûteuse."

Tout en reconnaissant que les besoins à l'égard des services varient dans les différentes régions de la province, le rapport "La vie c'est la liberté de mouvement" propose de créer un système de régions de transport sous la responsabilité de conseils d'administration régionaux auxquels siégeront des représentants des personnes âgées. Dans les régions rurales, où les personnes âgées doivent parcourir de grandes distances pour atteindre des services essentiels, un système plus souple permettrait d'avoir recours, dans la mesure du possible, aux ressources communautaires, tels que les autobus scolaires et des conducteurs bénévoles. Le rapport se penche aussi sur la question du coût des primes d'assurance-responsabilité pour les conducteurs bénévoles qui a d'ailleurs été soulevée par un certain nombre de personnes âgées. Les personnes âgées ont fait plusieurs commentaires et suggestions utiles pendant la préparation du rapport "La vie c'est la liberté de mouvement". Le conseil désire remercier spécialement les personnes qui ont assisté aux réunions de consultation qui ont été tenues conjointement par les deux conseils ou qui ont répondu au questionnaire sur les problèmes reliés au transport qui a été publié dans ESPECIALLY FOR SENIORS. Leurs opinions ont grandement aidé le conseil à prendre conscience des circonstances locales et des besoins régionaux et ces opinions sont aussi reflétées dans plusieurs recommandations présentées dans le rapport.

Les membres et le personnel du conseil rencontrent maintenant des représentants d'organismes et du gouvernement pour discuter du rapport "La vie c'est la liberté de mouvement". Le conseil espère qu'un jour les personnes âgées n'auront plus à renoncer à leur indépendance en raison d'un manque de transport adéquat.

"Le conseil croit que l'accès à des services de transport adéquats en Ontario est un droit et une nécessité. L'adoption de la Loi de 1986 modifiant des lois concernant les droits à l'égalité a permis de rendre conforme le Code des droits de la personne (1981) à la Charte des droits et des libertés. En vertu du Code, chaque personne en Ontario a désormais le droit de recevoir un traitement égal à l'égard des services, des biens et des installations. "La vie c'est la liberté de mouvement" soutient que le transport est un service et, conséquemment, que tous les résidents de l'Ontario ont un droit égal à bénéficier de services de transport accessibles et faciles à utiliser, quel que soit leur lieu de résidence.

"La vie c'est la liberté de mouvement" présente la vision des conseils d'un système de transport intégré qui peut être utilisé avec dignité par toute personne. Les personnes âgées et handicapées pourraient voyager librement à travers la province en utilisant, dans la mesure du possible, des moyens de transport conventionnels, comme les autobus et le métro. Le système principal serait accessible au plus grand nombre possible de personnes, tandis que des camionnettes, des taxis et d'autres véhicules accessibles fourniraient aussi un service de porte à porte aux personnes qui en ont besoin.

Le conseil est d'avis que cette vision peut devenir réalité d'ici à l'année 2010. "La vie c'est la liberté de mouvement" analyse les conséquences de l'accroissement de la population de personnes âgées et handicapées sur les besoins dans le domaine du transport et se penche sur les problèmes particuliers qui se posent dans les régions isolées. Le rapport présente 56 recommandations qui tiennent compte des besoins des milieux urbains et ruraux, de même que des coûts d'un système accessible. Le rapport soutient que l'expérience d'autres gouvernements dans ce domaine démontre que les coûts peuvent être absorbés, particulièrement à la lumière des coûts éventuels croissants des

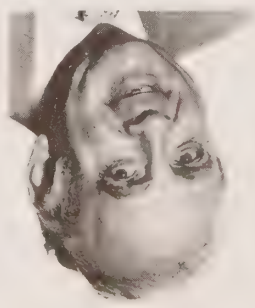
Transport - "La vie c'est la liberté de mouvement"

En tant qu'organisme consultatif provincial, le conseil effectue les recherches et fait des recommandations sur une variété de sujets qui touchent le bien-être et la qualité de vie des personnes âgées de l'Ontario. Même lorsqu'on étudie des domaines tels que le logement, l'emploi, la santé, ou tout autre question intéressant les personnes âgées, les membres du conseil ont constaté que la question du transport occupe une place prépondérante. Pour beaucoup de personnes âgées, l'accès au transport est le facteur le plus important qui leur permet de vivre de façon autonome, de continuer à vivre dans leur propre domicile, ou de participer à des activités à l'extérieur de leur domicile.

La principale activité du conseil pendant l'année 1986-1987 a consisté en l'étude des questions reliées au transport des personnes âgées et handicapées. Les membres du conseil ont travaillé en collaboration avec le Conseil consultatif de l'Ontario sur les handicapés physiques dans le but de préparer le document intitulé "La vie c'est la liberté de mouvement", un rapport sur le transport en Ontario. C'était la première fois que les deux conseils préparaient un rapport conjoint. Même s'ils représentent des groupes différents, les deux conseils estiment que le besoin de services de transport économiques et pouvant être utilisés par tous est un besoin commun.

"La vie c'est la liberté de mouvement" soutient l'opinion des conseils à l'effet que l'autonomie est importante aux yeux de chacun et, de façon à être le plus autonome possible, chacun a besoin de services de transport. Le rapport estime que le transport représente "le lien essentiel entre la maison, le travail, les services de santé, les centres religieux, les centres commerciaux et les activités de bénévolat et sociales."

Le chanoine Clifford A. Ward,
Toronto



Le chanoine Ward, recteur de l'église St. Hilda's de Toronto, est le fondateur du groupe St. Hilda's Towers Inc., un organisme à but non lucratif visant à fournir des logements aux personnes âgées. Le chanoine Ward est actuellement président directeur-général du conseil d'administration de St. Hilda's et directeur de l'hôpital général Northwestern.

Monsieur Bill Watson,
Mount Forest



Monsieur Watson a cumulé diverses fonctions au sein de la Fédération agricole. Membre actif de la Légion canadienne, il a offert son aide pour tenter de résoudre les problèmes auxquels font face les personnes âgées au niveau local, notamment la pénurie de lits dans les maisons de soins infirmiers et le manque d'établissements pour le traitement des malades chroniques chez les personnes âgées dans les milieux ruraux.

Monseigneur Allan A. McNab,
Renfrew



Monseigneur McNab, avocat, a siégé au conseil municipal, Trinity St. Andrew's United Church, et participé à plusieurs associations et projets communautaires.

Madame Jean McPherson,
Owen Sound



Madame McPherson a joué un rôle actif au sein du Women's Institute, United Church Women, et est actuellement présidente de la Holland Township Historical Society.

Monseigneur Edward Montague,
Jarvis



Monseigneur Montague possède une vaste expérience des questions relatives aux soins et aux besoins des personnes âgées, expérience acquise au cours de ses quinze années de service en qualité d'administrateur de Grandview Lodge, Dunnville (Ontario). Monseigneur Montague a également occupé le poste de président de divers organismes agricoles et ecclésiastiques au sein de sa collectivité. Il a exercé la fonction de préfet de la municipalité de Walpole pendant huit ans.

Monseigneur Herbert (Bert) Hammer,
Ottawa



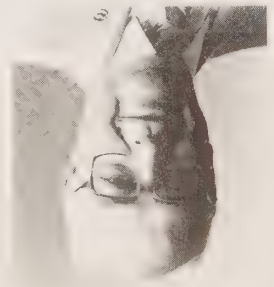
Monseigneur Hammer occupait le poste de directeur national du Bureau des services de la Légion canadienne avant de prendre sa retraite. Il est membre du conseil de direction du United Senior Citizens of Ontario; membre du comité des salaires et des revenus des années '90 du Conseil canadien de développement social; membre du comité consultatif national sur les personnes âgées de l'Association des banquiers canadiens; et membre honoraire du comité de révision des bourses du Conseil sur le vieillissement de la région d'Ottawa-Carleton.

Madame Yvonne Lebel,
Kirkland Lake



Enseignante à la retraite, Madame Lebel a joué un rôle actif au sein de l'association locale des enseignants et de l'association parents-élèves. Elle a occupé le poste de présidente provinciale de l'Association des enseignants franco-ontariens et a été membre du conseil des gouverneurs de la Fédération canadienne des enseignants pendant cinq ans. Elle est maintenant la première présidente d'un nouveau club de l'âge d'or et présidente du comité organisateur de la Fédération des aînés francophones de l'Ontario pour le Nord de la province.

Monstieur Murray W. Chalmers,
London



Monstieur Chalmers, éducateur reconnu et respecté durant sa carrière, a joué un rôle important dans les affaires communautaires et est membre du conseil d'administration de plusieurs organismes de services sociaux.

Madame Lynda Ciaschini,
Toronto



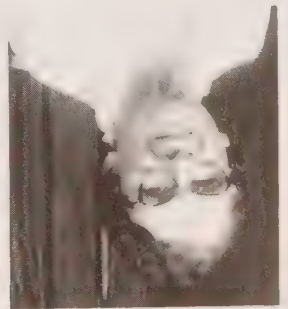
Madame Ciaschini, avocate, est actuellement membre du bureau des gouverneurs de l'hôpital Humber Memorial. Elle est aussi membre de Villa Columbo et d'autres organismes italo-canadiens. Madame Ciaschini possède beaucoup d'expérience de travail en milieu communautaire et a assumé la supervision du Community Legal Clinic, de Toronto, de 1976 à 1979.

Madame P.J. (Joanne) Fittimore,
Leamington



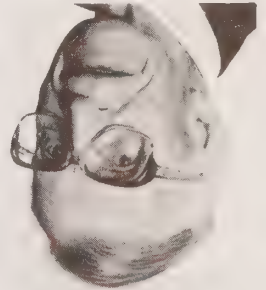
Madame Fittimore, ancienne directrice générale du South Essex Community Council, est depuis peu à la retraite. Elle est membre du conseil d'administration de Centraide, comté de Windsor-Essex, et de l'Association des arts de South Essex. Elle est également membre du United Church's London Conference Committee on Ministry to Older Persons ainsi que du Leamington Cable TV Advisory Committee.

Madame Elsie Kingsbury,
Carleton (vice-présidente)



Madame Kingsbury apporte au conseil une vaste expérience des questions relatives aux personnes âgées. Ancienne propriétaire et administratrice d'une maison de soins infirmiers, elle a démontré un intérêt soutenu pour la vie communautaire en participant aux activités de la Société canadienne du cancer, de la Fondation du cœur, de la Société d'horticulture et d'un conseil de fabrique.

Dr Edgar Bailey,
Cambridge



Le docteur Bailey, actuellement à la retraite est ancien ministre de l'Eglise baptiste du Canada et ancien membre de l'Executive Baptist World Alliance.

Il était en service actif au moment de la Deuxième Guerre mondiale et a occupé le poste de président du Comité de l'aumônerie dans les forces armées canadiennes au sein du Conseil canadien des Eglises. Il a été président du Kiwanis Club d'Edmonton et fut récemment décoré de la Légion d'honneur du Kiwanis International pour plus de 30 ans de service. Le docteur Bailey est membre du Comité consultatif sur les besoins de l'âge d'or (Senior Citizens Needs Advisory Committee), région de Waterloo. En outre, il préside trois comités au Centre Fairview.

Madame Ivy St. Lawrence,
Toronto (présidente)



Madame Ivy St. Lawrence a occupé durant plusieurs années le poste de directrice générale de la Fédération canadienne des associations foyer-école et parents-maîtres inc. alors que celle-ci était en pleine évolution. Elle poursuit actuellement ses activités dans le domaine du vieillissement à titre de présidente sortante du Comité sur le vieillissement du cabinet du maire de Toronto et de conseillère principale de la Senior Talent Bank Association de l'Ontario; elle siège au Conseil de l'Ontario Board of Regents, relativement à la Loi sur les prodigues; elle est ancienne présidente du Comité de la charte et directrice honoraire de Summer Rendez-vous for Seniors, à Harboursfront. Madame St. Lawrence est décorée de la médaille du bicentenaire de l'Ontario et a reçu le trophée du mérite de la Ville de Toronto.

Dr C. Eaid,
Sault-Ste-Marie (vice-président)



Le docteur Eaid est l'auteur de plusieurs articles sur la gériatrie. Il est médecin titulaire à la résidence pour personnes âgées F.J. Davey. Il poursuit des activités communautaires et a participé à plusieurs projets notables en tant que président de la campagne annuelle Centraide, président de la Société historique, membre du bureau de santé d'Algoma, et ancien chef de la direction médicale du Plummer Memorial Public Hospital.

Le conseil tient également à remercier le personnel des divers ministères du gouvernement de l'Ontario pour son soutien et pour les renseignements relatifs aux programmes.

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Personnel cadre: Mary Tate,
directrice générale,
Chris Stewart,
adjoint à la recherche
Allan Moore,
adjoint à la recherche
Valerie Holliday,
adjointe à l'administration

- 2) il reçoit des rapports d'organismes et de particuliers qui représentent les personnes âgées ou s'intéressent aux questions qui les préoccupent, et consulte ces organismes et ces particuliers;
- 3) il rencontre le personnel des divers ministères pour étudier les politiques, les programmes et les rapports courants;
- 4) il publie un bulletin trimestriel intitulé *Especially for Seniors* pour encourager la communication entre les personnes âgées de la province et le conseil;
- 5) il distribue des exposés de principe et des documents de travail.

Par ces divers moyens, le conseil s'efforce de cerner les préoccupations majeures des personnes âgées. Des recommandations sont alors élaborées par divers comités et transmises au ministre délégué aux Affaires des personnes âgées qui en fait part à ses collègues du gouvernement.

Le conseil n'est pas un organisme de financement ou à caractère gestionnel et ne participe pas à la prestation des programmes. Le financement, la recherche et la prestation des programmes demeurent la responsabilité du gouvernement auquel le conseil soumet des recommandations.

Le conseil exprime sa vive reconnaissance aux nombreux particuliers et organismes qui l'ont contacté par écrit ou en personne pour communiquer des renseignements ou exprimer leurs préoccupations. Ce type de communication est d'autant plus précieux qu'il nous permet de conseiller le gouvernement sur des questions qui intéressent vraiment les quelque 900 000 personnes âgées de l'Ontario à qui s'adressent nos services.

Mandat du conseil

Le Conseil consultatif de l'Ontario sur l'âge d'or a été constitué le 24 avril 1974 en vertu d'un décret sanctionné par Son Excellence le lieutenant gouverneur de l'Ontario.

Le Conseil a le mandat suivant:

- 1) conseiller le gouvernement de l'Ontario, par l'intermédiaire du ministre délégué aux Affaires des personnes âgées, sur toute question ayant trait au bien-être des personnes âgées ou vieillissantes et, sans restreindre la généralité de ce qui précède:

- a) promouvoir davantage l'élaboration et la création de services d'aide aux personnes âgées, à leur satisfaction et à leur avantage en tant que membres de la société en général;

- b) évaluer les politiques actuelles et leur portée sur le vieillissement et l'économie, notamment l'emploi, la préparation à la retraite, les mesures en matière de santé et de maintien du revenu, les installations et services gouvernementaux et autres, y compris l'éducation et les programmes de logement, les soins à long terme et autres services connexes;

- c) répondre aux demandes exprimées par le ministre délégué aux Affaires des personnes âgées en matière de conseils et d'études sur toute question d'intérêt pour les personnes âgées.

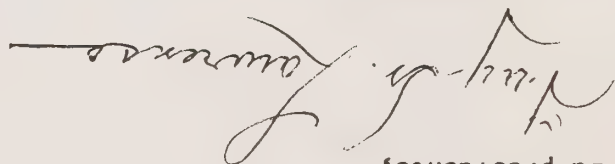
Le conseil remplit son mandat de la façon suivante:

- 1) il tient au moins quatre réunions plénières par an;

Mme Mary Tate, directrice générale, et le personnel du conseil ont aidé et appuyé le conseil au-delà de tout espoir et nous les en remercions.

Le Conseil consultatif est prêt à relever les défis des prochaines années et, surtout, à continuer de servir les personnes âgées de l'Ontario.

La présidente,



Ivy St. Lawrence

Dans le rapport annuel de l'année dernière nous avons fait état de ce que nous espérons accomplir au cours de l'année. Cela comprenait notamment: une Déclaration des droits et des résidents d'établissements de soins de longue durée; une étude sur le transport, une analyse de la situation du logement des personnes âgées; et l'organisation des deux rencontres de consultation mentionnées précédemment. A l'exception de l'analyse de la situation du logement qui n'est pas encore terminée, tous les autres projets ont été réalisés.

Aussitôt que nous saurons si le mandat du conseil est renouvelé nous entreprendrons la planification de l'année 1987-1988. Nous tiendrons compte des besoins du public que nous servons, c'est-à-dire les personnes âgées de l'Ontario, l'expérience professionnelle de chacun des membres qui ont été nommés au conseil et les demandes de renseignements provenant du ministre délégué aux Affaires des personnes âgées auxquelles nous sommes toujours heureux de répondre. Je crois que nous continuerons à utiliser le thème de "l'autonomie". Il s'agit en effet d'un thème qui est cher au coeur des personnes âgées et le conseil est résolu à faire tout en son pouvoir pour favoriser et promouvoir leur autonomie.

Je désire remercier l'honorable Ron Van Horne pour le soutien qu'il apporte au conseil et l'intérêt qu'il a porté à nos activités au cours de la dernière année. Nous espérons que nos conseils lui auront été utiles et, par conséquent, utiles au gouvernement de l'Ontario.

Je tiens à remercier personnellement les membres du conseil pour le dévouement dont ils ont fait preuve et le travail qu'ils ont accompli au cours de l'année. Ce fut une année très occupée et tous ont fait preuve d'enthousiasme. Je désire remercier particulièrement les présidents de nos deux comités: le Dr. Charles Eaid, de Sault-Sté-Marie, président du comité sur la qualité de la vie, dont l'expérience a été d'une très grande utilité au conseil; de même que M. Bert Hammer, d'Ottawa, président du comité des questions d'intérêt, qui, en plus de ses tâches habituelles, a apporté une contribution très importante à la préparation du rapport sur le transport et à l'élaboration de la Déclaration des droits et des responsabilités.

Cette étude a été rendue publique en mars 1987 à l'occasion d'une conférence de presse et les médias y ont accordé une grande attention.

Encore une fois, le thème de l'autonomie a été mis en évidence. Sans moyens de transport adéquats, une personne ne peut pas être véritablement autonome. Il ne suffit pas que le transport soit disponible, il doit aussi être accessible. Par exemple, si vous ne pouvez pas atteindre la première marche d'un autobus, ce véhicule ne vous est d'aucune utilité. Le rapport suggère que tous les services de transport offerts dans la province soient accessibles d'ici l'année 2010. A ceux qui soutiennent que cela sera très coûteux, le conseil répond: "C'est l'inaction dans ce domaine qui sera la plus coûteuse".

Je crois que cette collaboration a été positive et bénéfique pour les deux conseils. Pour leur part, les membres du Conseil consultatif de l'Ontario sur l'âge d'or ont apprécié avoir l'occasion de collaborer étroitement avec ceux du Conseil consultatif de l'Ontario sur les handicapés physiques. Les membres des deux conseils ont tenu une réunion conjointe pour étudier les services de transport et d'autres besoins dans la région de Kitchener-Waterloo. Le Conseil sur les handicapés physiques était représenté lorsque le Conseil sur l'âge d'or a tenu des rencontres de consultation à Kirkland Lake. J'espère que nous aurons d'autres occasions de collaborer sur des questions d'intérêt commun dans le but d'unir nos forces afin d'atteindre nos objectifs.

Je tiens aussi à profiter de cette occasion pour souligner la façon courtoise et amicale avec laquelle les membres du conseil ont été accueillis à Kitchener-Waterloo et Kirkland Lake. Bien que les membres proviennent de diverses régions de la province dans le but d'assurer une représentation régionale adéquate, le fait de rencontrer et de parler aux résidents de diverses localités permet de recueillir les impressions et les opinions des personnes directement concernées. J'espère qu'au cours de la prochaine année nous aurons la chance de visiter au moins une autre région de l'Ontario.

L'année dernière, le conseil a publié un document portant sur la responsabilité des personnes âgées d'assurer leur propre bien-être. En 1986-1987, nous avons continué à souligner cet aspect. Nous savons désormais que la longévité des personnes âgées peut être accrue, mais aussi que la qualité de leur vie peut être grandement améliorée par les mesures personnelles qui peuvent être prises dans le but de conserver ou d'améliorer leur santé. Encore une fois, la préservation de l'autonomie est un facteur important. Un régime alimentaire approprié, des exercices réguliers, ne pas fumer, une consommation raisonnable de boissons alcoolisées et un usage prudent des médicaments, obtenus sur ordonnance ou non, sont des mesures qui peuvent aider considérablement les personnes âgées à vivre de façon plus agréable. Pour être réellement autonome, une personne ne doit pas souffrir d'une maladie débilitante. Ces diverses mesures qui visent à assurer le bien-être d'une personne âgée contribueront de façon très importante à prévenir ce genre de maladies.

Notre publication trimestrielle ESPECIALLY FOR SENIORS, nous a permis de véhiculer ce message ainsi que d'autres renseignements utiles à nos lectrices et lecteurs. Depuis l'été 1986, le journal compte 12 pages. Chaque édition compte un plus grand nombre d'articles destinés au public franco-ontarien. Notre tirage atteint maintenant 905 000 exemplaires et le courrier provenant du public lecteur s'est accru de 20 pour cent au cours de l'année. Nous avons répondu à chacune des lettres que nous avons reçues.

Comme vous le constatarez à la lecture de ce rapport, le conseil s'est penché sur divers autres domaines qui intéressent les personnes âgées. Le projet le plus important fut la réalisation d'une étude sur le transport dans l'ensemble de la province. Cette étude a été réalisée en collaboration avec le Conseil consultatif de l'Ontario sur les handicapés physiques. Elle a permis aux deux organismes de travailler ensemble sur un problème commun pour la première fois. Evidemment, les personnes handicapées ne sont pas toutes des personnes âgées et les personnes âgées ne sont pas toutes handicapées. Mais pour les personnes handicapées de tout âge et les personnes âgées fragiles ou physiquement handicapées, le transport constitue un de leurs besoins les plus importants. C'est pour souligner cet aspect que le rapport s'intitule "La vie c'est la liberté de mouvement".

MESSAGE DE LA PRÉSIDENTE

L'examen périodique du fonctionnement des divers organismes, conseils (tel que le nôtre) et commissions de l'Ontario est une procédure normale au sein du gouvernement de l'Ontario. Au 31 mars 1987, le Conseil consultatif de l'Ontario sur l'âge d'or faisait l'objet d'un examen en vertu d'une mesure de temporisation. Par l'intermédiaire de l'honorable Ron Van Horne, ministre délégué aux Affaires des personnes âgées, un document a été remis au gouvernement dans le but d'évaluer les activités du conseil depuis 1984, date du dernier examen, et pour indiquer les domaines vers lesquels le conseil tournera vraisemblablement son attention à l'avenir. Nous avons demandé que deux nouveaux membres soient nommés au conseil parce que nous avons constaté que les 14 membres actuels ont de la difficulté à remplir adéquatement toutes les tâches que nous désirons entreprendre au cours de l'année. Nous sommes confiants que le mandat du conseil sera prolongé pour un autre terme et que notre demande relative à la nomination de deux membres supplémentaires sera acceptée.

Les réalisations du conseil sont présentées de façon détaillée dans les pages qui suivent. Toutefois, au risque de répéter certains passages je tiens à faire quelques commentaires sur la philosophie qui sous-tend nos activités.

Au début de l'année 1986-1987, le conseil a décidé que cette année serait consacrée à l'autonomie des personnes âgées, qu'elles vivent avec leur famille, dans leur propre maison ou en appartement, dans des logements partagés ou mis en commun, des maisons de retraites ou de soins infirmiers, dans des foyers pour personnes âgées, ou dans les hôpitaux pour malades chroniques ou aigus. Nous sommes conscients que, dans chacun de ces cas, il existe des moyens qui permettraient aux personnes âgées d'être plus autonomes et, donc, d'améliorer la qualité de leur vie. Un des moyens que nous avons pris à cette fin a été d'élaborer la Déclaration des droits et des responsabilités des résidents d'établissements de soins de longue durée que M. Van Horne a transmis au ministre de la Santé en lui demandant d'étudier cette question.



Conseil consultatif de l'Ontario sur l'âge d'or

Rapport annuel 1986/1987

Treizième rapport annuel pour l'exercice se terminant le 31 mars 1987



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